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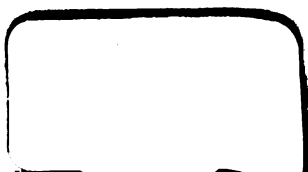
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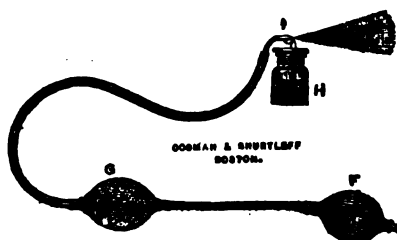
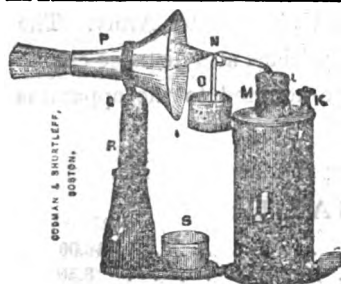
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THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, FEBRUARY 6, 1868.

[VOL. I.—No. 1.]

Original Communications.

**CASE OF CÆSAREAN SECTION—MOTHER
AND CHILD BOTH SAVED.**

By WM. WARREN GREENE, M.D., Professor of Surgery
in Berkshire Medical College, the Medical School
of Maine, and in the University of Michigan.

On the 20th of August, 1867, I was called in consultation to see Mrs. B., aged 28, in her first labor, which began twenty-six hours previous to my arrival. Her physician, Dr. D. N. Emery, now of San Francisco, then spending the summer in Western Massachusetts, informed me that his patient had a pelvic deformity, which he feared would render delivery impossible, and he had for this reason called counsel. Upon examination, I found the antero-posterior diameter of the superior strait less than two inches.*

Her pains were strong and frequent, and she began to exhibit marked symptoms of exhaustion, to which her consciousness of peril contributed not a little. The child was very active *in utero*. Upon explaining to herself and friends the probable impossibility of delivery *per vaginam*, and that even were there a bare chance of success by evisceration, she would, in her exhausted condition, incur greater risk from the operation under such circumstances than from abdominal section, the latter operation was assented to.

The case was so urgent as to admit of no delay, and we were therefore obliged to proceed with less assistance than I could have desired. We were, however, fortunate in having the aid of Mr. Lewis Le Berne, of New York, a medical student, who happened to be in the neighborhood—a very intelligent and efficient man—and in addition we had the services of two of the most efficient ladies it has ever fallen to my lot to meet in the lying-in room—calm, self-possessed and intelligent.

The patient took a full dose of fluid extract of ergot with a little brandy, after which ether was administered. When under its

influence, she was placed on a table, in the ordinary position for ovariectomy. I now, standing at her right, and while the abdomen was carefully supported on either side by assistants, with a common scalpel made an incision in the median line from a little above the umbilicus nearly to the pubes, which was soon carried through the abdominal walls and the uterus exposed. This organ was then incised from the fundus downward about six inches, the knife being used very cautiously until the cavity was opened and the *liquor amnii* evacuated. On carrying my right hand into the uterus, I readily seized the feet (which were on the left side, it being a vertex presentation), and with little delay extracted the body, but some difficulty was experienced in delivering the head, occasioned by the powerful and unrelenting uterine contractions, intensified, as I suppose, by the ergot. This, however, was soon accomplished, and the little fellow—a boy of eight pounds—cried lustily. Without waiting to sever the cord, an assistant supporting the child, I again introduced the hand in search of the placenta. This was attached on the left side about midway between the neck and fundus, and about one third of it was detached. The remainder was readily separated, but its extraction, which was soon accomplished, with the membranes, was by no means an easy task. I had not anticipated so powerful muscular action in an organ thus mutilated.

There was considerable hæmorrhage during the delivery, but not sufficient to cause any serious apprehension, and it ceased at once upon the removal of the placenta, the edges of the uterine wound being nicely approximated by the contractions of that organ. Unquestionably the ergot had fulfilled the indication for which it was given, namely, to control hæmorrhage and secure apposition of the cut edges by its action upon the uterine muscular fibres.

After carefully cleansing the parts with sponges dipped in water at blood-heat, and then thoroughly moistening them with artificial serum at the same temperature, the external wound was closed by interrupted

[WHOLE No. 2084.]

* She had rachitis severely when a child.

sutures placed half an inch apart, and including the entire thickness of the parietes except the peritoneum. These were of silk soaked in boiling wax, as we had no silver wire at hand, a fact that caused me not a little anxiety at the time, although I may say, not only from its use in this but in many other instances, that smooth, well-twisted silk sutures thus prepared approximate very closely in value to those of silver.

The abdomen, which had been unremittingly supported by the hands, was now enveloped in a firm bandage, and the woman put in bed well covered, and dry heat applied to the extremities, which were rather cool. They soon became warm, however, and as soon as she could swallow she got twenty-five drops of fluid extract of ergot and half a grain of morphia. After the effect of the ether had passed away, the pulse was over 100 and rather feeble. Countenance pale, with that peculiar expression which indicates a marked shock. She was rather restless and *wakeful*. She now got morphia and brandy, with beef juice, and from 6, P.M., till 3, A.M., she took one grain of morphia and *one quart* of brandy. (This amount of morphia in addition to the half grain which she took at 5 o'clock, just after the operation.) Just after 3, A.M., she fell into a quiet sleep, which lasted five hours, from which she awoke in excellent condition.

The treatment now instituted was perfect quiet; *anodynes pro re nata*, ten drops of fluid extract of ergot and twenty-five drops of tincture of muriate of iron every four hours, the two alternating—the former to be omitted in forty-eight hours and the latter to be continued, if borne by the stomach, until the external wound was healed.

The farther history of the case contains nothing of special interest. The external wound healed throughout by first intention. A moderate peritonitis followed, but not sufficient at any time to require *heroic* doses of opium. The iron was well borne throughout, and the lochial discharge occurred and continued as after an ordinary case of labor.

In a letter dated Aug. 30th (tenth day after the operation), Dr. Emery says:—"Have just returned from Oak Hill, and am happy to report Mrs. B. in fine condition. I have removed the last stitch. There is very little fulness or tenderness of the bowels." The mother and child are now in excellent health.

Too much praise cannot be bestowed upon physician and nurses for the skilful

and careful after-treatment of this case, and especially to Mr. Berne, who hardly left the bed-side for a week after the operation.

Before closing this paper, I cannot forbear saying a word about that old-fashioned and somewhat homely remedy, the muriated tincture of iron. While all members of the profession admit its virtue as a restorative hæmatic in some degree, yet I believe very few are aware with what *rapidity* and *certainly* it increases the plasticity of the blood. Why the difference I do not know, but I feel very sure that no other chalybeate preparation is to be compared with it for this purpose. Given for a time previous to, or immediately after, operations, as a prophylactic against erysipelas, phlebitis, ulceration, secondary hæmorrhage, &c., it is invaluable. But it must be borne in mind that for a decided and rapid impression, *large* doses are requisite, or smaller ones given very frequently; and these doses are usually well borne if care is taken to *dilute* and *sweeten* it thoroughly. It can thus be made for a patient a little thirsty a comparatively pleasant drink. My friend Prof. E. Andrews, of Chicago, some years ago called the attention of the profession to these facts, and it gives me pleasure to corroborate his views and statements from my own experience.

Pittsfield, Mass., Nov. 5, 1867.

APHASIA, WITH LESION OF THIRD LEFT FRONTAL CONVOLUTION.

By ROBERT T. EDGS, M.D., Hingham.

Mrs. T., æt. 81, had a sudden paralytic attack in September, 1865. She was not entirely unconscious. Her face was not paralyzed, but the right arm and leg were slightly so. There was great difficulty in swallowing, and entire loss of speech. Her writing (with the right hand) was as if all m's or i's, and spelt nothing. As she got better, she was able to sew and knit, and she said "yes" and "no," "wis" for Sophia, and something like "ucy" for either Lucy or Susan.

A slight attack took place in December, 1866, followed by a second severe one in January, 1867, when the right side, except the face, was entirely paralyzed. From this she recovered sufficiently to walk out of doors alone. Two slight attacks occurred in August and November, 1867, and a last and fatal one on Dec. 19th, 1867. When I saw her at that time, she had had some difficulty of breathing and gave no indication of consciousness, though I believe she did be-

fore her death, which took place on Dec. 31st. The family think that she understood what was said to her, and what was going on around her. They considered her as of sound mind, though she sometimes appeared bewildered, and occasionally did rather strange things, which she would not have done in her normal condition. She sometimes confused "yes" and "no," the only two words she was capable of pronouncing intelligibly.

Autopsy, twelve hours after death. Nothing special about calvaria or dura mater. The inner membranes distended with serum, perhaps two or three ounces. Convulsions over whole surface much atrophied, standing apart from each other, with wide sulci. The first abnormal appearance (except atrophy) was on the left side of the cerebrum, at about the end of the fissure of Sylvius, just behind the posterior termination of the third frontal convolution. It was a cavity as large as the end of the finger, and a quarter or half an inch deep, lined with a toughish yellow-brown material. On slicing the brain, this cavity was found to be part of an alteration extending, at a depth of from a quarter to half an inch below the surface, further forward than externally, so that it involved the posterior end of the third frontal convolution, though on the surface this was apparently sound. The amount of the convolution in question involved was, as to gross appearances, quite small, extending anteriorly not more, probably, than half an inch from the little cavity first mentioned. A space of an inch and a half long by one half or three quarters of an inch wide, on the outer wall of the left lateral ventricle, presented a brownish translucent appearance and softness to the touch. This was a continuation of the before-mentioned lesion, and seemed to involve the posterior portion of the corpus striatum. The whole altered substance was somewhat, but not much, softer than the surrounding tissue, except the lining of the cavity first mentioned, which was tough and membraniform.

A second altered portion, less carefully examined, owing to its being at first overlooked, was contained in the posterior lobe of the same hemisphere at the end of the posterior cornu of the lateral ventricle, and consisted of two portions—the posterior as large as a walnut, soft and reddish gray, the white substance broken down, so that the gray matter at the bottoms of the sulci projected into the cavity, like the hippocampus into the middle cornu of the ventricle; the other consisting, apparently, of

blood infiltrated from the vessels of the pia mater into the gray and partly into the white matter. The bright-red stains were surrounded with a yellowish color. There was no solid clot. The middle cerebral artery, on the left side, contained a long, white coagulum. No other abnormal appearance in the brain was observed, except a general softening. Thorax and abdomen not examined.

Microscopic.—Anterior Softening (third frontal).—Large numbers of granular corpuscles accompanying bloodvessels in rows. The granular borders of the bloodvessels appear to consist of a formation of separate corpuscles in the outer coat, as they are very close to the contents of the vessels, and yet do not usually (though sometimes) replace the walls by a granular mass.

Posterior Softening.—Broken down nerve-tubes; granular corpuscles; a little blood. No crystals of hæmatoidine. Red portion very soft, and incapable of being hardened in chromic acid, but the somewhat thick sections obtained were made sufficiently transparent to show that the blood was not, as was supposed, extravasated, but still contained in the congested vessels.

A large number of bodies in a state of fatty degeneration were observed, which showed the formation of some at least of the so-called "inflammation corpuscles." First, there were many cerebral cells, clearly recognized by their peculiar triangular form and their processes, but looking much more solid and dark than healthy cells. Then others, with more or less of the processes remaining, but becoming oval instead of triangular; and finally the simple oval or round "inflammation corpuscles."* No fatty degeneration of nerve-tubes nor, in this place, of vessels, observed.

INTRODUCTION OF MEDICINES INTO THE SYSTEM BY THE MUCOUS MEMBRANE OF THE NASAL FOSSÆ.

By M. RAMBERT, Physician to the Hospitals of Chateaudun.

[Translated from the *Journal de Chimie Médicale*, for the Boston Medical and Surgical Journal, by FRANCIS H. BROWN, M.D.]

THE *Gazette des Hôpitaux* has just published a paper which is of interest retrospectively considered; it treats of the medical use of errhines, medicines which are also known as sternutatories, and which have long been

* This observation corresponds with another made in a case of softening of the cerebellum, where cells having the dark and granular appearance of "inflammation corpuscles" were unequivocally shown by their peculiar shape to be the large cells situated just external to the "rust-colored layer."

employed in diseases of the nasal fossæ, whatever might be their character.

MM. Mèrat and Delens, in their excellent Dictionnaire Universel de Matière Médicale et de Thérapeutique, have suggested the use of this means of medication, which has not been employed in our day.

M. Rambert relates the method he has employed for their application. We believe it to be a duty to publish his account, which is very interesting as a matter of therapeutics.

The pituitary membrane, as a means of absorption and introduction of remedies into the economy, has been of late completely abandoned. The object aimed at in acting on this membrane appears to have been to stimulate, or excite and provoke sneezing; whence the name *sternutatories*, given to remedies, simple or compound, which have been introduced under the form of powders into the nasal fossæ.

Salivation, which I have observed several times, after the use, for several days, as a topical application in *ozæna*, of powders containing calomel and other mercurials, while showing me with what facility the pituitary membrane absorbs, suggested to me the idea of returning to this method of absorption in the painful affections of the head and the diseases of the eyes.

The experiments which I have made and the observations which I have collected are not as yet very numerous, and I should not have published them before having completed my undertaking, had I not seen in No. 71 of the *Gazette des Hôpitaux* (June 18, 1867) an intimation by Dr. Noël Guéneau de Mussy of a fact in close relation with researches which I have conducted for more than six months.

This is the result of my observations:—

I.—M. M., 30 years of age, had been troubled for some days by an influenza, with coryza. On the 16th of January, he experienced an extremely severe pain in the left infra-orbital nerve; it continued for twenty-four hours, and increased on the approach of sleep and on awakening.

As no difficulty existed in inhaling by the nasal fossæ, I prescribed powdered mallow one gramme, morphia five centigrammes. To take a pinch of this powder every two or three hours. In the evening the distress had been relieved; the patient passed a good night, and in the morning, on awakening, all pain had disappeared.

II.—The 25th of January, a woman, 64 years of age, was admitted to the hospital for a severe bronchitis, which necessitated the application of a large blister between

the shoulders. In the early part of February, and when convalescent, this woman was attacked by active and continued cephalalgia. This pain not yielding to mustard foot-baths, on the 5th of February I caused her to use the following mixture:—Powdered sugar two grammes, hydrochlorate of morphia five centigrammes. The next day the pain had diminished; the third day it had entirely ceased. Some days later, as the pain had returned, the same prescription caused it to disappear finally.

III.—A girl of 18 years, admitted to hospital for chlorosis, complained of severe pains in the head; they showed themselves in sharp twinges, and recurred especially in the afternoon. On the 8th of February, at the same time with chalybeates, I prescribed of powdered sugar two grammes, hydrochlorate of morphia five centigrammes, to be taken every third hour in the morning and every second hour in the afternoon. The next day slight diminution of the pain; the doses were given more frequently (every hour), and the relief became more marked: but it was not till the end of six days that the neuralgic pains were sufficiently relieved, so that I could hope for their complete disappearance by the use of iron.

IV.—The 10th of February I was called to attend Miss E., 76 years of age. She had been attacked by an influenza, accompanied by coryza, so light, however, as not to obstruct the nasal fossæ. This patient, who was also rheumatic, complained of lancinating pains in the whole right side of the head, with noises in the ears. The pains also occurred on the left side, but to a less degree. Powdered sugar two grammes, morphia ten centigrammes—to be taken every two hours. On the 11th, the pain had disappeared; the noise in the ears alone remained.

V.—S., a farmer, 62 years old, had experienced a neuralgic pain in the right side of the inferior maxilla for some months. It had manifested itself in the teeth, the gums, in the lower and right side of the tongue, and had recurred at frequent intervals. He had lost several teeth, without any benefit. The painful points of the gums and the neighboring mucous membrane, forming the roof of the mouth and the side of the tongue, were lightly touched with nitrate of silver. After a momentary relief, the pains returned and persisted. They did not yield to a blister, applied behind the right ear. The 24th of February, I caused him to take every hour or every two hours the mixture of powdered sugar and morphia, in the dose of two grammes of the former and ten cen-

tigrammes of the latter. The remission and diminution of the pains was very marked. The patient found himself sufficiently relieved not to make use of a new blister, which I had proposed to sprinkle with morphia.

I learned subsequently, from the pharmacist, that the patient obtained the same mixture of him from time to time, showing that if he was not entirely cured, he was always relieved by it.

VI.—B., 19 years old, employed in a fancy goods shop, had suffered since the middle of March from a diurnal neuralgia, which attacked the left side of the inferior maxilla, in which several molar teeth were carious. Towards the end of the month, I advised him to use a mixture of five grammes of pulverized sugar and five centigrammes of morphia. He received no benefit from this treatment. The second of February (?) I changed the proportions of this powder, and caused him to take, by each nostril, twice in the middle of the day and twice in the evening, a pinch of two grammes of powdered sugar and ten centigrammes of morphia. The pain disappeared and did not return.

I could probably largely increase the number of cases more or less completely successful under this method of treatment, had all the patients to whom I advised it returned to report the result; but most of those residing in the country have not come under my observation a second time.

My first experiments failed of entire success, because I employed the powder containing too feeble doses of the morphia—five grammes of sugar and five centigrammes of morphia. Little by little I diminished the quantity of sugar to *one gramme* to *five centigrammes* of morphia. This proportion appeared to me the most suitable. I have, however, seen it fail in a case of double temporo-maxillary neuralgia, which yielded to blisters powdered with morphia. Successive or frequently repeated doses, as in the Case No. VI., appear to me preferable to those taken only at intervals of two or three hours.

The limit to which I have restricted myself thus far can be greatly enlarged. The pain of irido-choroiditis, photophobia, &c., are, I think, amenable to narcotic preparations, introduced by the pituitary membrane. In fact, other remedies can be employed in the same manner; among others certain mercurial preparations and the iodide of potassium, the presence of which I have ascertained in the urine, after having taken fifty centigrammes, with sugar, in the space of two hours.

ON THE USE OF PHOSPHATE OF SODA IN SMALL DOSES.

By S. G. WEBBER, M.D., Boston.

AFTER reading an article on the use of phosphate of soda in small doses, by Dr. Stephenson, in the *Edinburgh Medical Journal* for October, 1867—referred to in the last volume of this JOURNAL, page 357—I determined to test its efficacy. The following cases confirm Dr. Stephenson's opinion of its value.

CASE I.—Nov. 4th. A child, nine mos. old, fed from a bottle, was said to have dysentery. The mother said it had had thirty to forty stools in twenty-four hours. The passages were described as green and slimy, with streaks of blood. None had been saved for examination. Domestic remedies of an astringent nature had been used by the parents, and the number of passages was reduced to about twenty in twenty-four hours. Lime-water and milk, with a pinch of phosphate of soda to each bottle of food, were prescribed.

Nov. 5th.—The stools were of the natural color, and scarcely more frequent than in health. I subsequently learned that the child entirely recovered, without other treatment.

CASE II.—Nov. 25. A girl, nearly 1½ year old, had the first signs of diarrhoea on the 24th inst. Stools were very frequent; pain in the abdomen severe, partially relieved by pressure. Tinct. rhei and tinct. opii camph., in small doses, were used. In the evening, the passages became green, and, on Nov. 26th, the phosphate was prescribed, a pinch to be put in each portion of food. No other medicine was given.

Nov. 27th.—The stools were yellow and fewer in number. In the evening, rhubarb and opium were given, and another dose on the morning of the 28th. After this date, the stools were natural.

CASE III.—A friend mentioned that his child, not quite a year old, was troubled with constipation, the stools being very hard and white. I suggested the use of the phosphate, and after a few doses the passages became normal in color and rather less consistent than natural; indeed, diarrhoea supervened, though that was ascribed to a slight deterioration in the quality of the milk, and quickly disappeared.

I have no doubt that the first case recovered sooner under the use of the salt than it would have done if left to the efforts of nature, or to the action of domestic remedies. The second case was growing worse instead of better, and the improvement al-

most immediately followed the use of the salt. The change in the color and the consistency of the stools in the third case, also, occurred almost immediately after the use of the phosphate.

CASE OF LARYNGOTOMY.

By WILLIAM B. REYNOLDS, Post Surgeon, St. Augustine, Florida.

DURING the late rebellion, a case of laryngotomy, of very great interest, came under my notice. The necessities of the case rendered it unique, and thinking that it might be a valuable hint to some one hereafter, I have taken the liberty to send you a simple outline of it.

A soldier was brought into the Division Hospital in front of Petersburg, wounded in the neck. The ball entered just in front of the sterno-cleido-mastoid muscle upon the right side, and passed directly across. It cut its way through the right side of the larynx, just below the thyroid cartilage, and, penetrating the left wall, was lodged there. Soon after receiving the wound, he was brought to the hospital, and the diagnosis was readily made. Dr. J. D. Lyman, without administering chloroform, proceeded to operate. He cut down upon the ball, and at the moment of grasping it with the forceps, it slipped backwards and passed down the trachea. The patient at once was seized with all the symptoms of immediate suffocation. The face became purple and the veins of the neck stood out like whipcords, and, with the gasping, spasmodic breathing, gave evidence that there must be immediate relief or death. Enlarging the opening, he introduced a pair of forceps, and succeeded in grasping the ball at the bifurcation of the trachea.

Had it not been for the coolness of the surgeon under the circumstances, death must have speedily ensued.

I must here speak a word in memory of the surgeon. No more noble man ever drew sword for his country; and our profession suffered a severe loss when the gallant Lieut.-Col. J. D. Lyman met his instantaneous death at Fort Fisher.

DISLOCATION OF THE CLAVICLE.

DOVER, N. H., Jan. 29th, 1868.

DR. D. W. CHEEVER,—I have been reading "Surgical Cases in 1867," by yourself, and was interested in the account of two cases of dislocation of the acromial extremity of the clavicle. I had a similar case last September, and was completely successful—

having no deformity whatever. At the time of the accident, or when I first saw the case, the outer extremity was drawn upwards by the trapezius muscle. Dressings—two strips of adhesive plaster two inches in width and three feet in length, and a roller bandage two inches in width and one inch in diameter, firmly rolled. The forearm was placed upon the chest, and the extremity of one strip of adhesive plaster was attached to it just below the elbow; the plaster was allowed to run up the outside of the arm to its upper third, and then gradually brought in front of the head of the humerus. On arriving at the top of the shoulder, traction was made upwards to elevate the limb, and while thus elevated the plaster was allowed to run down the back. This strip kept the shoulder elevated.

The extremity of the second strip was applied to the small of the back, and was allowed to run upwards to the extremity of the clavicle, which was dislocated, and which was drawn upward by the trapezius. I then placed the roller in the hollow behind the extremity of the clavicle, and allowed the strip of plaster to run over the roller. Sufficient traction was now made to bring the clavicle downwards and forwards in its proper place, or, in other words, until all deformity was removed, and this traction over the roller was maintained by allowing the plaster to run down the front of the thorax. The plasters were moistened with ol. terebinth, and did not yield for ten days. I renewed the dressings three times, and removed them altogether four weeks after the accident. The patient was a carpenter, and has labored hard ever since. There is no deformity at this time. The hand was kept in a sling.

I am, Sir, very respectfully, your obedient servant,
J. R. HAM, M.D.

IN New York there are 18,582 tenement houses. The largest number in one ward is 2,400, in the Eleventh Ward. The Sanitary Superintendent reports that 9,846, or 52 per cent., are in a condition detrimental to health. The degree of their unfitness for habitations is quite varied. The buildings are bad in themselves from want of proper ventilation, want of proper means of egress, and of anything like proper closet facilities. As a means of ventilation, it is proposed to leave open the present stair-well, and to place the stairs in a tower in the courtyard, each story of the house to be connected with it by a proper bridge.—*Medical Gazette*.

Hospital Reports.

BOSTON CITY HOSPITAL.

Reported by F. C. RORER, M.D., Surgeon to Out-patients.

Three Cases of Dislocation of the Humerus.

CASE I.—(Service of Dr. HOMANS.) Margaret B—. Four days before entrance fell down stairs, producing, as was supposed, contusions of the left shoulder and ankle. She had long been subject to rheumatic arthritis. On her admission to the hospital the shoulder was greatly swelled and ecchymosed; and although it was not possible at this time to give a positive diagnosis, it was thought that neither fracture nor dislocation existed. Rest and an evaporating lotion were prescribed. As soon as the swelling subsided it was discovered that there was a dislocation of the humerus downwards; but the patient could move her arm freely, and even touch her head with her left hand.

Ether was administered and an unsuccessful attempt made by Dr. Homans to reduce the dislocation by means of the foot in the axilla; during which operation some adhesions gave way with an audible snap. Attempts at reduction were made in different directions; and, finally, extension on the arm at right angles to the body, which was firmly held. The force of six persons was here employed, and the reduction safely accomplished. Arm bound to side.

Nov. 25. Patient comfortable. Arm in good position. Trifling swelling.

Dec. 3. Head of bone slightly displaced downwards. A pad was placed in axilla, and elbow supported. Wasting of deltoid noticed.

25th.—Deltoid muscle very much wasted, so that head of bone appears partially dislocated downwards.

Jan. 19.—Patient is still in Hospital, and is gradually gaining the use of the limb, and doing light work.

REMARKS.—The extreme degree of wasting of the deltoid in this case is remarkable, and can hardly be accounted for by disease alone, though that cause undoubtedly operated. It is possible that the undue degree of tension brought to bear on the muscle during the time in which the dislocation remained unreduced, and also the great amount of force necessarily employed in reduction, may have induced atrophy, through injury to branches of the circumflex nerve.

CASE II.—(Service of Dr. CHEEVER.) D. B., æt. 55. Dec. 16, 1867. Last evening

stumbled on the sidewalk, and, in attempting to save himself from falling, dislocated his left shoulder, downwards. He also sustained a contusion about the face, with injury to one eye. Patient was etherized and the dislocation readily reduced. A pad was placed in the axilla, the arm fastened to the side, and elbow supported by straps to opposite shoulder.

27th.—Good position. Slight grating is noticed on moving humerus.

Jan. 19, 1868.—Is doing well, and is up and dressed. Passive motion has been employed, and patient is regaining the use of the arm.

CASE III.—(Service of Dr. CHEEVER.) Jan. 16, 1868.—One hour before admission fell on the ice, while going to his work, and produced a sub-coracoid dislocation of the right humerus. He states that he fell directly on his right shoulder. Was etherized, and the reduction performed by Dr. Cheever, by means of the foot in the axilla.

19th.—Still in the house, doing well.

REMARKS.—In this case no fracture was detected, though one would naturally suspect its existence, from the history of the case, which was that of a direct blow on the shoulder, and not of a dislocation of the shoulder from a fall on the hand. Some surgeons of large experience* doubt the occurrence of dislocation of the humerus, uncomplicated with fracture, when caused by direct violence. But, it must be remembered that a fall on the shoulder is not quite the same thing as a direct blow on the part; and also that the patient's story is, of course, open to some question.

In this connection it may not be out of place to notice briefly a case of simultaneous sub-coracoid dislocation of both humeri, occurring at the London Hospital, and reported in the *Medical Times and Gazette* for Oct. 19, 1867, apparently produced by the sudden and powerful action of the pectorales and latissimi, under circumstances favorable to dislocation. It appears that the patient was standing somewhat insecurely on a cart, with both arms extended, and holding himself in this position by a firm grasp of some part of the cart or load, with each hand. Suddenly losing his foothold, he exerted himself to avoid falling, and thus called into powerful action the pectoralis major and latissimus dorsi of each side. The combined action of these muscles tends usually to bring the arm to the side; but if the arms be extended at right angles to the body, it is plain that their

* The late Dr. J. Mason Warren.

contraction will tend powerfully to dislocation downwards; this tendency being resisted only by the ligamentous tissues about the joint. Singularly enough, the man received no surgical treatment until 13 weeks after the accident, when he applied at the London Hospital. There were then noticed the characteristic prominence of the acromion, and the flattening of the deltoid. The head of each humerus also could be felt in the axilla. Ever since the accident, the man had been doing as much work as he could, and when he came under observation, had a remarkably good use of both arms. The elbows could be brought pretty accurately to the sides, but the arms could not be folded. The patient declared, however, that he was daily acquiring increased freedom of motion.

Under these circumstances, the question of the propriety of any active attempts at reduction became a doubtful one. On the one hand was the possibility of accomplishing the reduction and of completely restoring to the patient the use of his arms. On the other, were the following considerations: 1st. The present deformity was not great, and was not much regarded by the patient. 2d. The arms could be used quite freely, and were daily gaining in power of motion. 3d. In all probability, the glenoid cavity was partially filled up, and altered in shape; so that, if the bone were replaced, it would be liable, at least for a long time, to repeated dislocation. 4th. The head of the bone had probably formed a sort of new socket, and had become firmly fixed in its new situation, so that a very great amount of force would be required to dislodge it; and such force could not be employed without risk to neighboring tissues, e. g. vessels and nerves, and without setting up, perhaps, a very dangerous degree of inflammation. Under the circumstances, therefore, Mr. Couper, in whose practice the case occurred, determined to make a very moderate attempt at reduction, thus giving the patient a chance of restoration of the normal relations of parts, and doing no harm, in the event of failure. As was expected, no effect was produced by the force which it was thought proper to employ, neither did any unpleasant consequence follow the operation. The patient was again seen some two months afterwards, and appeared to have nearly as good use of his arms as other people.

One point in this case deserves especial notice in connection with the first case reported in this paper, viz., the absence of atrophy of the deltoid. It is difficult to account for this great dissimilarity; but the

fact that in the case of double dislocation the dislocation was *inwards*—sub-coracoid; whereas, in the other, it was *downwards*, may, to some extent, account for the difference in the effect produced on the deltoid. In a dislocation *inwards*, the deltoid is not put so forcibly on the stretch as in a dislocation downwards. Moreover, in the first case, there was a good deal of local injury to the shoulder, causing ecchymosis; whereas, in the other, there was no such history, and the dislocations were not produced by direct violence.

MASSACHUSETTS GENERAL HOSPITAL.

Surgical Operations for the weeks ending Jan. 25th and Feb. 1st. Reported by C. B. PORTER, M.D.

1. *Amputation of Leg.* Dr. S. CABOT.—This man, about eight months before, had had his foot crushed, although no bones were broken. Gangrene of the great toe followed, and the line of demarcation being distinct, the toe was amputated and the head of the metatarsal bone removed. The resulting wound did well and had nearly healed, when he was attacked with phlegmonous erysipelas of the foot and leg. Numerous openings were made for the discharge of pus, and he seemed for a time to do well; but his strength and appetite commenced to fail and he had chills. Upon consultation it was decided that amputation would afford him his only chance of life, and it was performed at the junction of the middle and lower thirds by lateral skin flaps. Upon examination all the joints of the foot and ankle were found extensively diseased.

2. *Tumor of Jaw.* Dr. H. J. BIGELOW.—This tumor, of three months duration, in a man aged 63 years, was situated just in front of the anterior edge of the masseter, on the under surface of the jaw; it was the size of a hen's egg, and protruded into the mouth. It was adherent to the bone, but not to the skin. There was family history leading to the suspicion of cancer, his father and brother having had "cancer" of the face and his mother "cancer" of the breast. The glands were not involved. A curved incision was made over the tumor, and upon dissection a cyst was opened, which discharged quite a clear fluid that deposited a puriform sediment. No disease of the bone was detected, and the origin of the disease remained obscure.

3. *Tumor of Breast.* Dr. S. CABOT.—This patient was a strong Irishwoman, aged 40 years. The tumor, of three months duration, was in the right breast, just below

the nipple, which was but little retracted. There were several nodules of the disease in the skin above the nipple. Recently there had been considerable pain. No enlargement of the glands. The tumor with the diseased portion of the skin was excised, and on section proved to be scirrhus.

4. *Tumor of Cheek.* Dr. H. J. BIGELOW. This tumor had existed for seven years, appearing at first just below the zygoma on the right side. Three weeks prior to the operation it had become inflamed, red and painful and increased rapidly in size, and had become soft and fluctuating, evidently from its history and appearance a suppurating wen, as Dr. Bigelow remarked before operation. The sac was dissected out.

5. *Fistulae of Back.* Dr. H. G. CLARK. This man eight months previous had had a large vascular tumor removed from the back, just below the inferior angle of the right scapula. The tumor had been the seat of inflammation, and was somewhat consolidated. The wound healed quite rapidly, with the exception of two small fistulae which remained. Upon examination, no diseased bone could be found, and no other cause could be assigned for the fistulae than that the constant motion of the scapula had interfered with their union. The sinuses were laid open and the wounds stuffed with lint.

6. *Plastic of Nose.* By Dr. H. J. BIGELOW.—A part of the pedicle was removed from a new nose, which was the result of a previous rhinoplastic operation.

7. *Perineal Section.* By Dr. S. CABOT.—This man had been troubled with strictures for fifteen months, following gonorrhœa. There were three strictures—one near the meatus, another two and a half inches from this, and a third in the membranous portion of the urethra. This last was the cause of his trouble. A small capillary bougie only could be introduced. Numerous false passages had been made previous to his entrance to the hospital. After etherization, a grooved staff was introduced, following the bougie, as was supposed, into the bladder. After cutting down upon the instrument, it was ascertained that it had entered one of the false passages, and was separated from the bougie by a thin wall. The staff was therefore withdrawn, and the stricture divided upon the bougie. A No. 10 catheter was introduced into the bladder and left.

8. *Fistulae in Ano and Hæmorrhoids.* By Dr. H. J. BIGELOW.—Abscesses in the right ischio-rectal fossa, six months previous, had resulted in fistulous openings communicat-

ing with the rectum, complicated by external hæmorrhoids. The sinuses were laid open, and one large hæmorrhoid excised.

9. *Abscess of Hand.* By Dr. S. CABOT.—This man, thirteen days before, had an eczematous eruption break out on his hand behind the fingers, followed by a large abscess on the back of the hand. The pus had passed under the posterior annular ligament, and was burrowing up the arm. A long, straight incision was made the whole length of the abscess, and the cavity of the abscess stuffed with lint wet in the solution of perchloride of iron.

10. *Nævus.* By Dr. H. J. BIGELOW.—This patient was a child, with a small congenital nævus over the left eye, just opposite the supra-orbital foramen. It had been increasing rapidly of late. It was tied by a double ligature.

11. *Fistula in Ano.* By Dr. S. CABOT.—This fistula was very near the margin of the anus, and was the result of an abscess three months before. The whole fistulous track was dissected out, and the edges of the resulting wound drawn together by deep sutures.

12. *Vascular Tumor of Arm.* By Dr. H. J. BIGELOW.—This was a small tumor, the size of a pea, situated a little above and to the inside of the styloid process of the radius; somewhat compressible, and quite painful to the touch. It was excised, and proved to be, as was predicted, an old nævus transformed into cysts.

13. *Talipes Equinus.* By Dr. H. J. BIGELOW.—In this case, the plantar fascia alone was divided. Dr. Bigelow called attention to the fact that the os calcis, which was smaller than it should be, was already under the vertical axis of the leg, and remarked that the division of the tendo-Achillis at this time would bring the heel still further forward out of its place. He therefore restricted the operation to the division of the plantar fascia, correcting the deformity of the arch of the foot, and reserved division of the tendo-Achillis until that object should be perfectly attained.

14. *Talipes Varus.* By Dr. H. J. BIGELOW.—This child had been operated upon before, in the country, but the apparatus was obliged to be discontinued on account of ulcers produced by pressure, and no advantage was gained. The ulcers having all healed, the plantar fascia was divided.

15. *Anchylosis of Knee.* By Dr. H. J. BIGELOW.—This boy had had fracture of the femur in its lower third, which had been treated outside of the hospital. There was good strong union at the seat of fracture,

but a false ankylosis of the knee. It was now two months since he had commenced to use the leg, and during that time he had not gained any in flexing the knee, and he was brought to the hospital for treatment. He was etherized, and the joint gently and gradually flexed.

16. *Amputation of Leg.* By Dr. S. CABOT.—This man was 28 years old. A railroad accident, three hours before, had produced a compound comminuted fracture of the right foot and ankle. The leg was amputated at the junction of the middle and lower thirds, with anterior and posterior skin-flaps.

17. *Amputation of Forearm.* By Dr. S. CABOT.—This man, a brakeman, had had his hand and arm crushed by a railroad accident a few hours before. The bones were extensively fractured and all the arteries torn across, except the anterior interosseous. The arm was amputated in its middle third by anterior and posterior skin-flaps.

Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.
CHARLES D. HOMANS, M.D., SECRETARY.

Nov. 11th.—Dr. JACKSON reported the following cases—the first from Dr. G. J. Arnold of Roxbury, the two next from Dr. Norton Folsom of the Insane Asylum at Taunton, and the last from Dr. P. Pineo of Hyannis.

I.—*Malformed Extremities in a Five Months' Fœtus.*—The patient was taken suddenly in labor without any apparent cause, and was delivered in fifty-four hours. She stated that during this pregnancy she had had "a sensation in her hips as if separating; and in her right groin as if something were at times piercing through. When about two months advanced in her pregnancy she saw a girl, who has a club-foot, fall in a fit upon the sidewalk opposite her window. She expressed herself deeply affected by it, and was unable to turn away from the revolting sight. Since this time she has been quite easily disturbed by the sight of anything unusual or striking. The above data were given me voluntarily by the mother immediately after her delivery, and as a reason for her anxious inquiry if the child was *perfect*; and she is still unaware that she has borne a malformed fœtus."

The fœtus was sent by Dr. A., with the above history, and was exhibited to the society. The hands were of the ordinary length for the age of the subject; but

had only four fingers upon the left, and three on the right, with a slight rudiment of a fourth. They were also very strongly flexed and everted, and adhered to the fore-arms as far as the fingers. The fore-arms were about two-thirds the usual length, and seemed to contain but one bone. The arms were well developed, as was the fœtus otherwise, externally—excepting, perhaps, some distortion of the feet.

At a subsequent meeting Dr. J. exhibited a skeleton of the right upper extremity, and showed that there was an ulna, but no trace of a radius.

II.—*Case of Ventral Hernia.*—The patient, a man sixty years of age, was admitted into the Lunatic Hospital, Sept. 2, 1867, and died from exhaustion Oct. 17. The digestive functions were always well performed. "Eight or ten years ago he had a severe fever, followed by extensive suppuration and ulceration in the front of the abdomen, which continued for several years. Sores also appeared on his legs, and the inguinal glands suppurated; the resulting issues persisting during life. The extensive scars from the abdominal abscesses were between the umbilicus and pubes. Three or four years ago the contents of the abdomen began to protrude between the recti muscles, below the umbilicus, and formed a tumor that steadily increased in size; the body being gradually bent or dragged forward by the pendant mass. Of late, while standing as erect as his deformity allowed, the tumor has been larger than a ham, somewhat conical, rounded, flattened above and below, with the cicatrices on the front, and the navel on the upper surface, near the base. The whole space from the pubes to just below the costal cartilages was occupied by the base, but these points were approximated by the stooping induced by the dragging of the tumor; the whole mass wagging up and down during respiration, while the wall in front, which was very thin, and consisted apparently of little but skin and peritoneum, would allow the vermicular motion of the intestines to be plainly seen. While the patient was lying down, the hernia could be partially reduced; but he was so bent from habit, that straightening was painful. The edges of the recti muscles could be felt about one-third of the way up the cone, on each side."

A photograph of the patient was sent by Dr. F. and exhibited.

III.—*"Inversion and Rupture of the Uterus in a Cow.*—A Durham cow, four years old, was delivered of her third calf on the afternoon of Nov. 11th, 1867. The pre-

vious labors were natural. She walked to the barn before the membranes were cast off, and was left there for the night. The next morning, the afterbirth, of natural appearance, was found on the floor, and a blackish-red mass, as large as a half-peck measure, oozing blood, hung from the vagina. This proved to be part of the uterus with its bleeding cotyledons, inverted and prolapsed. It was replaced with difficulty, and came down again several times in the course of the day, being forced out by almost convulsive labor-pains. While the cow remained standing, it could be retained by apparatus; but when she lay down, and the straps were slackened, it was forced out again. In the afternoon, while the expulsion was being resisted by all the force of a strong man's arm, an opening, not previously noticed, was discovered, up in the cow's interior. After this time she appeared more exhausted, and only rose once or twice. She lost in all only a moderate amount of blood. Died on the morning of the 13th, and was examined at once. The right cornu of the uterus was the one most enlarged, and was inverted, carrying with it the right Fallopian tube. It did not now protrude from the os uteri, but considerable force was required to re-invert it. In the posterior wall of the lower part of the uterus was a horizontal rent about four inches long. There was very little blood in the abdominal cavity. The odor of the parts was putrescent. No part of the afterbirth was retained, and there was no appearance as of undue adhesion."

The rupture was probably caused by the assistant.

IV. *Spontaneous Opening at the Umbilicus, in case of Ascites.*—The patient, an elderly lady, was tapped seven years ago, and about twelve gallons of fluid were removed. Accumulation gradually returned until suddenly, a few weeks ago, an opening took place, and many gallons of fluid poured forth. Syncope ensued, and the patient was thought to be dying; but when Dr. P. arrived he found her comfortable. A bandage that had been applied was continued; the opening closed, and at the date of Dr. P.'s note (Oct. 24th,) she was about the house, and very greatly relieved.

DR. WILLARD PARKER, of New York, has lately endowed a lectureship on Hygiene, in the Union Theological Seminary of that city, to consist of three or four lectures yearly.

Bibliographical Notices.

Ligature of the Left Common Iliac Artery, being the second Operation in Ireland, and the first Successful Case of it. By WILLIAM HARGRAVE, Ex-President, Fellow and Professor of Surgery in the Royal College of Surgeons of Ireland, Surgeon to the City of Dublin Hospital, &c. &c.

THE little brochure bearing the above title deserves notice, in order to put upon record the successful termination of another example of this formidable operation. The result of operations on this vessel have been so unfavorable that, in thirty-two cases, recorded and tabulated by Dr. Smith,* but six recovered. Mr. Hargrave's patient died of other troubles seventy-three days later; but, though ultimately resulting fatally, the case was, so far as the result of the ligature was concerned, a success.

The patient, a sergeant in the Royal service, came under notice on the 20th of December, 1864, at the "City of Dublin Hospital." On examination a large pulsating tumor was seen in the left iliac fossa, immediately above Poupart's ligament and dipping into the pelvic cavity, accompanied by the usual aneurismal thrill. It was of a triangular form, from four and a half to five inches wide in the transverse diameter, the base parallel to the ligament, its apex extending to the common iliac artery. He had first noticed the trouble about six months before, after making some unusual exertion, in which time the tumor had gradually increased and was at the date of the operation still enlarging.

The large ratio of mortality after operation by ligature of the common iliac, together with the consideration of the effect liable to result from the sudden and permanent arrest of the blood naturally flowing to the lower extremity, as well as a portion of the pelvis, induced Mr. Hargrave to have recourse to every means of treatment by compression and otherwise, before resorting to the alternative of operation. The treatment by compression was commenced on the 26th of December and was continued, with much perseverance and regularity, for six weeks, the means employed being the approved compressors of the day, the conical leaden weight, digital pressure, &c. The medical treatment comprised liquor ferri pernit., sol. ferri perchlor., potass. hydriod., acet. plumbi c. opii, &c. These means all failed of producing a beneficial

* American Jour. of Med. Sciences, vol. xl., N. S. ♦

result, and no change was noticed from the adoption of a regulated diet.

The patient being put under the influence of chloroform, the operation was performed on the 29th of April, and the artery ligated with a hempen thread about half or three-quarters of an inch above its division into the external and internal iliac. All pulsation in the aneurism immediately ceased and the tumor disappeared. The limb was then carefully enveloped in cotton wadding and flannel and the man placed in bed.

Three hours after the operation the pulse rose slightly; a slight numbness was felt in the limb, which was referred to the great toe; complained also of great aching and burning pain around the ankle joint, particularly at the external malleolus. These ill symptoms, however, disappeared the next day. On the fifth day the report was, pulse 112; no pain of limb; cedema rapidly subsiding; tumor less prominent; contents more firm; no pulsation; still of the same dimensions. On the ninth day, pulsation was detected in the aneurism, feeble, but quite evident, more so immediately above Poupart's ligament, but unaccompanied by *bruit* or vibratory thrill. From this period sensation began to appear in the foot; pain to some extent returned in the ankle, and appeared also at the upper and external part of the patella. The pulsation in the aneurism ceased on the thirteenth day after operation. On the twenty-ninth day the ligature came away, without hemorrhage, and as strong and sound as when applied; the arterial loop would admit but an ordinary sized probe. On the thirty-first day after operation the outer edge of the foot presented a deeply ecchymosed appearance, showing that the powers of the circulation were insufficient to maintain the vitality of the parts; he was immediately ordered appropriate tonics and stimulants. From the thirty-fourth to the forty-first day, he was gaining power over the entire extremity, feeling it as strong as he ever did; but anomalous symptoms occasionally were present, such as neuralgia of the rectum, occasional retention of the urine, some vomiting and the gangrene attacking the foot; while the aneurism was evidently smaller, still occasionally exhibiting pulsation, but no thrill. Up to June 13th, forty-fifth day from the operation, though expressing himself as "being quite strong and fit for walking," with full power over the toes, the foot had never recovered sensation since the operation, and the gangrene was slowly extending. Two days later, he was removed to lodgings, where for the next eight or ten

days everything promised speedy recovery, the report being "spirits good; strength returning; walks about his bedroom with crutches; retains power over the toes; line of demarcation parallel to the metatarsophalangeal articulations." On the sixteenth day, a dark red blush began to appear on the dorsum of the foot. On the sixty-seventh day, he returned to the hospital with a large abscess, presenting in the nates; the aneurism still diminishing; the contents growing more firm, but still soft at one point. He quickly ran down under the drain on the system caused by the abscess, and died, July 11th, the seventy-third day from the operation.

The *post mortem* examination revealed the following state of affairs: "The aneurismal tumor, which was soft and fluctuating to the touch, measured five inches by two and a half. The abdominal aorta presented a normal appearance as regards size; an inch above its bifurcation into the common iliacs a calcareous deposit, about the size of a four-penny piece, was seen protruding through the coats of the artery. The left common iliac artery was much smaller than the corresponding artery on the other side; there was a fibrinous clot in it just below its origin from the aorta; the vessel was severed by the ligature half an inch above the bifurcation into the internal and external iliacs. The femoral artery and vein were healthy and of the natural size; the internal epigastric somewhat enlarged; a probe, passed through it into the aneurismal sac, touched a soft fibrinous clot. The aneurism was egg-shaped, measuring five inches in length and three and three-quarters in depth. The tumor, on being laid open, for its entire extent, contained, at its superior two-thirds, a very soft, grayish, fibrinous clot, but not distending it; in the inferior third was a soft, black blood deposit, scarcely to be considered a coagulum. The aneurism communicated with the external iliac vein by a well-defined, oval opening of about one-quarter of an inch in diameter, situated a little below the middle of the tumor, on its internal and posterior aspect. The epigastric, slightly enlarged, could be traced backward to the same opening, the arterio-venous on the internal and posterior part of the aneurism, and seemed to form, prior to its communication with the aneurism, a small cavity capable of containing a bean, which was filled with dark blood. The disease was thus shown not to be a true aneurism, but rather aneurismal varix or arterio-venous aneurism, affecting the femoral vessels—being a primitive disease, the

result of thinning of their coats, and presenting a well-marked complication of the direct communication between the artery and the vein, and still more complicated by the direct entrance of the epigastric artery into the inferior part of the aneurism."

If the final, entire recovery of the patient be the criterion of successful surgery, Mr. Hargrave's case was not a success; but if we reflect in the first place, that the man was carried off in consequence of extensive suppurative disease in the pelvis, which, though subsequent to, was not necessarily consequent on the operation—and in the second place, that the operation itself, successfully performed, resulted fully and perfectly in the closure and separation of the artery, we shall certainly be justified in according to the author the title which he claims, "a successful case," and we agree in the opinion expressed by him, "from the time of the application of the ligature feeble efforts were made to form a fibrinous deposit at the superior part of the tumor, while the slightly enlarged epigastric, by the collateral circulation, fed the inferior part of the aneurism with blood, which, twenty hours after death, presented an unadhesive clot and some in a fluid state. Still, from the appearances presented in the aneurism, though gangrene had attacked the foot as high as the tarsus, which was being arrested by a well-defined line of separation, I am strongly inclined to the opinion this patient would have permanently recovered, with the partial loss of his foot, but for the formation of a very large pelvic abscess, which came on in a few days. . . . The only solution presented to me for explaining this occurrence is that the blood was below par, consequently more liable to be affected by debilitating causes, such as purulent absorption, and thus end in the extensive pyæmia and gangrenous abscess, which caused his death.

B.

MORTALITY AFTER AMPUTATION OF THE THIGH.
—M. Hussan, in publishing the statistics of the Hospitals of Paris, embracing the returns of 100,000 patients, gives the following results of amputation of the thigh: In 1861, 42 amputations, and only 7 recoveries; a mortality of 83.33 per cent. In 1862, 40 amputations, and 19 recoveries; a mortality of 52.50 per cent. In 1863, 40 amputations, and 15 recoveries; a mortality of 62.50 per cent. Average mortality for three years, 66.11 per cent., or 41 recoveries in 122 operations.

Medical and Surgical Journal.

BOSTON: THURSDAY, FEBRUARY 6, 1868.

JUST forty years ago—in February, 1828—Drs. JOHN C. WARREN, WALTER CHANNING and JOHN WARE commenced the publication of the BOSTON MEDICAL AND SURGICAL JOURNAL. They had edited, and were proprietors of, the New England Quarterly Journal of Medicine and Surgery since 1812. During the latter part of this time they had a rival medical periodical in the field—the Boston Medical Intelligencer, the first and for many years the only medical weekly in the country. It was a small quarto of four pages, was commenced in 1823 by Dr. J. V. C. SMITH, was edited by him, and JOHN COTTON was the proprietor and publisher. During the last year of its publication, it was in the hands of Dr. JOHN G. COFFIN.

A union of these two journals formed the commencement of our present publication at the time above stated. Drs. Warren, Channing and Ware were proprietors and editors of the new medical journal for one year only, at the end of which time Mr. Cotton again became the proprietor, and they withdrew from the editorship. Of the three Editors first mentioned above, one in a green old age still survives—Dr. Walter Channing—whose interest in the profession is still as lively, and his sympathy with every form of suffering as deep, as when he first formed one of a trio of names since become illustrious in the ranks of the profession. In 1834, the work passed into the hands of the present senior publisher and proprietor, and was edited by Dr. J. V. C. Smith, who continued his connection with it till after his elevation to the mayoralty of the city of Boston.

With the trifling exception of three months' priority claimed by the American Journal of the Medical Sciences, the Boston Medical and Surgical Journal is the oldest one in the United States now published, and during most of the time since its commencement has been the only periodical exponent of the regular faculty in New England.

On looking back through this series of

forty years, most interesting reminiscences of the history of our profession crowd upon the mind. The various editors of the JOURNAL pass in review, together with numerous valued contributors in all parts of the country, a large proportion of whom have now passed away. In its early numbers we find much in its arrangement that we shall endeavor to imitate. It contained Original Communications, Hospital Reports, Selected Papers, an account of Medical Societies, Critical Notices, News and Mortuary Returns.

It can hardly be deemed surprising that the publishers of the JOURNAL should look upon any change in its form and contents with something like hesitation and dislike. Yet, believing that the times demand some show of progress, they cannot delay longer in making a change for several years contemplated; and in presenting the JOURNAL in its new dress to the medical public, it is hoped that it will be still welcomed as an old friend. In its present form, it will contain about one fifth more matter than before, and will conform somewhat in shape and appearance to the best modern specimens of hebdomadal literature.

Since the day when the first number of the JOURNAL was issued, the population of Boston has increased four-fold. Then it comprised within its limits about fifty thousand souls; and the Massachusetts General Hospital and the Boston Dispensary, both then in their infancy, were the only charitable medical institutions in the vicinity. The Harvard Medical School, with few professorial chairs and limited classes, was struggling for existence. Now, Boston with its newly acquired territory has a population of nigh a quarter of a million, besides its populous suburban towns and proximate dependencies. Three large hospitals—the Massachusetts General, the City, and the Marine; several lesser ones, as the Carney, the Naval, and the charitable institutions at Deer Island; two Asylums for the Insane, one for the Blind, and one for Idiots; as also the new and greatly enlarged Dispensary, and the Massachusetts Charitable Eye and Ear Infirmary, combine to furnish about one thousand beds for the sick, and to treat, as out-patients, no less than forty thousand

applicants a year. A number of sick, equal to the whole population of the city when this JOURNAL was started, now offer facilities for clinical study and instruction every year. It will be very much to our shame and discredit, if from these greatly enlarged opportunities our JOURNAL does not derive enough of interest to render it of greater value to the profession than ever before.

The present Editor solicits original communications from all reputable sources; and while he reserves an absolute power of selection, he promises early attention and acknowledgment to all contributors. It will be his endeavor to give ample space and prominence to hospital reports and clinical cases; to select and condense from current European and American medical literature whatever is new and of general interest; to furnish reports of various medical societies as fully as may be permitted; to review with impartiality new medical works; to give a weekly abstract of medical news, of hospital visits, clinics and expected operations; and to answer, or acknowledge, in each number, all communications and publications received. Whether he succeed or fail in his undertaking, will depend not more upon himself than upon the support of his professional brethren, and his friends.

IS PHTHISIS A SYPHILITIC DISEASE?—We take the following from a letter in the *London Medical Times and Gazette*, in which the writer seeks to refute the theory, previously advanced in the same journal by Dr. F. Jordan, that phthisis is always the result of syphilis. The writer says, "The relations by which he seeks to trace the parentage of this disease back to syphilis, are very interesting, and very ably brought out, but scarcely, I think, warrant the all important conclusion he draws from them. I write to suggest one difficulty in the way of this conclusion (and it is only one among many), which appears to me to be absolutely fatal to it. Monkeys, it is well known, are not only, like man, subject to phthisis, but, as Reynaud long ago showed, they exhibit the disease in a much more virulent form than men generally do. I have myself known nearly the whole of a large collection swept off by phthisis in the course of a few months. Among the victims, a large proportion were fresh from their native

woods. Phthisis is, in Europe at least, their one great scourge. On the other hand, there has never been a suspicion, I believe, that these animals, although very immoral, ever have the venereal; unless, indeed, they have a syphilis of their own, it is not even conceivable that they should ever contract it. But if this be so, if creatures that are more subject to phthisis than any others are entirely exempt from syphilis, how can this last disease be in any way, whether directly or indirectly, the parent of the first?"

M. Berard, Professor of Chemistry at the Faculty of Medicine, on the completion of his fiftieth year of professorship has received the Cross of Knight Commander of the Legion of Honor. M. Michel Levy, professor at the Val de Grace, has been nominated Grand Officer of the Legion of Honor. M. Nélaton is the only other member of the medical profession in France who enjoys this dignity. In Austria, Rokitsansky has been promoted to the High Chamber, and in Italy the newly elected President of the Lower House, M. Lanza, is a medical man.

NEW ALKALOID OF OPIUM.—Messrs. T. & H. Smith have discovered a new alkaloid of opium, making the tenth now known, which has received the name of Cryptopianine. The alkaloid was separated by a very complex process from Thebaine, with which it at first formed a double salt. It is distinguished from the other alkaloids of opium by its different behaviour with reagents. Without color or odor, it has a bitter taste and leaves a sensation of cold on the tongue and palate. Like morphaine, codeine and thebaine, it forms crystallizable salts with various acids. These salts possess a property very rare in alkaloids, i. e. according to the quantity of water they are dissolved in, they crystallize or form a semi-transparent jelly. The crystals take the form of very slender, isolated, prismatic needles, masses in shape like cauliflowers or silky flakes. Only 150 grammes were obtained from four or five tons of opium. Its therapeutical properties have not been investigated.—*Abstract from Journal de Chimie.*

SURGICAL INSTRUMENTS FROM POMPEII.—M. Scoutettin has, by permission of the Italian Government, obtained photographic representations of the different surgical instruments found at Herculaneum and Pompeii. There are more than 300 of these instruments, but only about 60 of dissimilar kinds.

MEDICAL DIARY OF THE WEEK.

MONDAY, 8, A.M., Massachusetts General Hospital, Med. Clinic; 9, A.M., Medical Lecture. 9, A.M., City Hospital, Ophthalmic Clinic.
TUESDAY, 9, A.M., City Hospital, Medical Clinic; 10, A.M., Medical Lecture. 9 to 11, A.M., Boston Dispensary. 12, M., Massachusetts Eye and Ear Infirmary.
WEDNESDAY, Massachusetts General Hospital, Med. Clinic. 9, A.M., City Hospital, Ophthalmic Clinic. 9, A.M., Chelsea Marine Hospital.
THURSDAY, 8 and 9, A.M., Massachusetts Gen. Hospital, Medical Clinic and Lecture. 11, A.M., Massachusetts Eye and Ear Infirmary.
FRIDAY, 9, A.M., City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., OPERATIONS. 9 to 11, A.M., Boston Dispensary.
SATURDAY, 10, A.M., Massachusetts General Hospital, Surgical Visit; 11, A.M., OPERATIONS.

A Bulletin of Expected Operations, in both the Hospitals, will be found, weekly, at the office of the Boston Medical and Surgical Journal, and at Messrs. Codman & Shurtleff's, 13 Tremont Row.

ERRATUM.—In the issue of the 30th ult., on page 538, foot-note, for Dr. "Crane" read Dr. Greene.

THE arrangement for the delivery of the JOURNAL through the Post-office to subscribers in Boston, which it was thought last week could be made, it has been found cannot be done, the authorities at Washington still adhering to the interpretation of the Post-office laws by which papers published in Boston are not considered mailable matter here, and therefore cannot be delivered to Boston subscribers on as favorable terms as papers coming by mail from other places. Subscribers having boxes at the Post-office can receive the JOURNAL through them free of expense; others will have them sent as heretofore.

The Title page and Index of Vol. LXVII. of the JOURNAL will be sent to subscribers as soon as printed.

This No. of the JOURNAL is sent to many physicians in various parts of the country who are not subscribers. The orders of those among them who wish to subscribe shall be promptly attended to.

TO CORRESPONDENTS.—Communications accepted:—Unusual Obstetric Cases; On New Surgical Instruments; Review of Toynbee on the Ear; Cases of Malignant Pustule; Report of the Norfolk District Medical Society; Report of the Springfield Society for Medical Improvement; A Case of Tetanus; On the Study of Insanity; On a New Use of Bromide of Potassium; A Case of Graves's Disease; A Case of Criminal Abortion; Remarks on Population (translation). Declined:—On the Tactile Sense.

PAMPHLETS RECEIVED.—Ambulance and Sanitary Material. Forming part of a Report on Class XI. Group II., Paris Exposition, 1867. Prepared by W. Evans, M.D., Member of the Jury of the Universal Exposition (Class XI.), U. S. Commissioner, &c.—Twentieth Annual Report of the Trustees of the Massachusetts School for Idiotic and Feeble-minded Youth. October, 1867.—

DEATHS IN BOSTON for the week ending Saturday noon, February 1st, 1868, 94. Males, 56—Females, 38. Abscess, 1—accident, 2—inflammation of the bowels, 2—disease of the brain, 1—inflammation of the brain, 2—bronchitis, 2—cholera infantum, 1—consumption, 11—convulsions, 4—debility, 2—diarrhoea, 1—diphtheria, 1—dropsy of the brain, 3—erysipelas, 1—exposure, 1—congestive fever, 1—scarlet fever, 16—typhoid fever, 2—disease of the heart, 5—disease of the kidneys, 2—congestion of the lungs, 1—inflammation of the lungs, 8—marasmus, 2—measles, 1—old age, 3—paralysis, 3—puerperal disease, 1—scrofula, 1—smallpox, 2—disease of the spine, 1—suicide, 2—unknown, 8.

Under 5 years of age, 36—between 5 and 20 years, 16—between 20 and 40 years, 19—between 40 and 60 years, 12—above 60 years, 11. Born in the United States, 64—Ireland, 22—other places, 8.

Selections and Medical Items.

COMPARATIVE SAFETY OF ETHER AND CHLOROFORM.—Some discussion having arisen, a while ago, concerning deaths after etherization, the Medical Society of Lyons, the only city in Europe in which etherization is exclusively resorted to in preference to chloroform, appointed a Committee to examine into the question. The following conclusions were arrived at.

1. That since 1847, only seven duly authenticated and detailed cases of death can be reasonably attributed to the use of ether.

2. All these cases cannot be laid in the same degree to the charge of this agent.

3. Three of them, relating to patients the subjects of great traumatic injuries, are especially questionable.

4. Of the seven cases, five relate to patients severely attacked (*profondément atteints*), and the two others were patients in special conditions—pregnancy in the one, and hystero-neuropathy in the other.

5. In none of these cases was the death so sudden as it often is from chloroform.

6. Ether may indeed cause death, but it is far less dangerous than chloroform.—*Gazette Médicale de Lyon*.

NOTE.—We have yet to learn of the first death from ether in this community.—**EDITOR.**

DEATH OF M. FLOURENS.—This distinguished physiologist has died at the age of 75. His experimental examination of the functions of the brain and medulla oblongata, and his researches on the growth of bone are well known and form his chief title to fame. He was born at Beziers in the south of France in 1791, and took his medical degree at the age of 19. He went to Paris, and through the influence of Geoffroy St. Hilaire and Cuvier obtained a professorship of Comparative Physiology at the Jardin des Plantes, and a chair at the College de France. He was chosen a member of the Academy of Sciences in 1827, and in 1840 was elected one of the forty members of the French Academy, where M. Claude Bernard is spoken of as his probable successor.—*Edinburgh Medical Journal*.

THE Société Impériale de Chirurgie has elected the distinguished ophthalmic Surgeon, von Graefe, of Berlin, as Foreign Associate Member, to fill the place left vacant by the death of Sir William Lawrence.

EFFECTS OF THE LOCAL USE OF MERCURY WITH INTERNAL ADMINISTRATION OF IODIDE OF POTASSIUM.—In the *Gazette des Hôpitaux* we find it stated that mercurials externally applied, at the same time that iodide of potassium is given, sometimes cause local blistering, &c., through a reaction taking place between them. A case is narrated, and others are referred to, in which the insufflation of powdered calomel for pustular conjunctivitis, while iodide of potassium was being administered internally, gave rise to sharp attacks of conjunctivitis; even an eschar of the conjunctiva may be caused.

NON-STRATED MUSCLES CONNECTED WITH THE APPARATUS OF VISION.—Independently of the ciliary muscle which is situated in the interior of the eye, and the situation and functions of which are well known, M. Sappey describes four muscles: the first belongs to the upper lid and is attached by its two extremities to the circumference of the base of the orbit, whence the name of orbito-palpebral muscle. Two others correspond to the tendinous fasciculi by which the orbital aponeurosis is attached to the walls of this cavity; these are the internal and external orbital muscles. The last occupies the whole extent of the sphenomaxillary fissure; this is the inferior orbital muscle.—*Archives Générales*.

TREATMENT OF CATARRHAL DEAFNESS BY MEANS OF COMPRESSED AIR.—We take the conclusions reached by Dr. Pravaz in a memoir read by him before the Medical Society of Lyons, from the *Archives Générales*. First: compressed air may be substituted advantageously for ordinary catheterism, especially in children and nervous persons. Second: It acts mechanically in the treatment of catarrhal deafness by clearing the tube, removing mucus from the drum and regulating the circulation in the mucous membrane affected with chronic congestion. Third: It acts dynamically, primarily as a natural modifier of the mucous membrane of the middle ear, secondarily as a general modifier of the economy.

DR. CROS, in a paper read before the French Academy of Medicine, states: "Pulmonary phthisis never arises, never is developed in the human organism, unless this organism has presented for months or years most evident signs of organic disturbances, belonging to the order of changes which I have placed under the title of de-coördination; that which has been considered as the commencement of phthisis is only the consequence and the end of a disease already of long standing." (The author calls power of organic coördination every principle which maintains the existence of a living form, which has presided at its origin and regulates its predetermined evolution.) Thus, according to Dr. Cros, pulmonary phthisis never appears unless the organism has been for a long time affected by the form of de-coördination characterized by swelling of the spleen (splenic de-coördination); unless the free working of the respiratory organs has been long impeded by a total of material causes, the most important of which is abnormal elevation of the diaphragm caused generally by increased volume of the liver. To these anatomical changes the dyspnœa considered by all authors as one of the symptoms of the first degree of phthisis should be attributed.—*Archives Générales*.

POSITION IN THE REDUCTION OF INGUINAL HERNIA.—Dr. Bond, of Nova Scotia, writes to the *London Medical Times and Gazette*, that he has never failed in the reduction of inguinal hernia when the patient stood erect, even after previous long continued, but unsuccessful attempts in a recumbent position. His attention was first called to this position by having a patient who was unable to reduce his own hernia except when standing. Dr. Bond offers no theory on the subject, but states that it is not on account of the erect position causing syncope.

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BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, FEBRUARY 20, 1868.

[VOL. I.—No. 3.]

Original Communications.

UNUSUAL OBSTETRIC CASES.

Read before the Boston Obstetric Society, by A. D. SINCCLAIR, M.D., Boston.

CASE I.—Rupture of Cervix Uteri; Death.—Mrs. —, æt. 34, was taken in labor with her fourth child about 3 o'clock, A.M., on February 21, 1864. She had been unfortunate in previous confinements—the first was tedious, terminated by the use of forceps; the second complicated by prolapse of the cord, causing death of the fœtus; the third ended in giving birth to an atrophied and premature dead child. Her last labor took place a year previous to the above date. On taking charge of the case, at 5 o'clock, A.M., the vagina was found distended by the bag of waters, and the breech ascertained to be the presenting part of the fœtus. The pains were good, but, as is usual in breech cases, the progress of the labor was slow. At 9 o'clock, A.M., the left hip had engaged in the upper strait of the pelvis. Soon after, I left the room for a few moments, and on my return was informed by the patient that the pains had left her back, and that she had just experienced the feeling as if something had torn within her, followed by a distressing and burning sensation in the abdomen. She lay perfectly quiet, and answered questions distinctly, but frequently referred to the abdominal uneasiness. Pulse 132. Labor pains had ceased. On examination, my worst fears were realized. The fœtus had receded beyond reach, and blood flowed somewhat freely from the vagina. That the uterus had ruptured was beyond doubt, and the husband was informed of the sad state of things. In order to give the mother a chance of life, it became necessary to remove the fœtus from the cavity of the abdomen. Dr. Reynolds was called, and kindly rendered assistance in the difficult matter of extracting the child, which was accomplished under ether, in an hour from the time that the rupture took place. On introducing the hand into the abdominal

cavity, the uterus was found lying among the intestines, empty and pretty firmly contracted, its cervix torn transversely to such an extent that a small pedicle only remained on the left side. No remarkable change took place in the case during the day, the patient being kept more or less under the influence of ether to prevent suffering.

Feb. 22, 11 o'clock, A.M.—Pulse 156, thready; respiration 30; vermicular motion of jugulars; countenance haggard; tongue, lips and skin not remarkable. Lying on back, with retracted lower extremities; abdomen tympanitic. No headache; mind clear. Slept none, but was quiet. Some subsultus. Passed urine this morning. Complains of a burning sensation about epigastrium on slight motion, or pressure on the abdomen. Took four opium pills and some brandy at intervals, all of which were soon vomited, but retained a pint and a half of ale, given by her own request, and some gruel. 5½, P.M.—Pulse 160, very small. Has had several severe paroxysms of pain in the abdomen, for which she was etherized and had turpentine fomentations applied. While under ether, an opportunity was afforded to examine the condition of things about the seat of the rupture. The uterus was found settled down into its usual position and the parts contracting naturally, but a large transverse fissure was easily felt communicating with the abdominal cavity, through which, however, at no time protruded any portion of intestine. Blood having a lochial odor oozed from the vagina. She gradually sank and died, in twenty-three hours after the accident.

CASE II.—Placenta Prævia; Hæmorrhage; Induction of Premature Labor; Twins; Recovery.—On June 18th, 1861, was called to Mrs. —, æt. 29, whom in time past I had attended in labor with stillborn children about the eighth month; last time in November, 1860. She had previously borne four healthy children. Had hæmorrhage from the vagina, between the fourth and fifth month of pregnancy, with the last of her living children. Last cata-

[WHOLE No. 2086.]

VOL. I.—No. 3.

menial period at the close of January. Soon afterwards, she regarded herself as pregnant, and nothing unusual happened until the middle of May, when, on getting out of bed in the morning, she found her night-dress stained with blood. This hæmorrhage recurred at intervals of two or three days, and nearly always when in bed and asleep. In about a fortnight later, she began to have occasional chills and sensations as if of a rush of blood to the head, pain in the region of the uterus, followed by hæmorrhage from the vagina. To these symptoms, shortly afterwards, were added headache, palpitation, fever, thirst, and finally vomiting.

On examination, the uterus was found unusually high up in the pelvis, and the os reached with some difficulty. A partial placental presentation was discovered on the left side. Pulse 120, small. An explanation of the actual state of things was made to the husband, and the induction of premature labor advised. The nature of the case, the loss of blood which had taken place from time to time for over four weeks, and the consequent constitutional disturbance, prompted me to ask the advice of one more experienced than myself before entering upon an operation from which serious, if not fatal, consequences might ensue. Dr. Storer was accordingly called, and cordially concurred in the proposition already made to the friends.

On the forenoon of the 19th, dilatation of the cervix uteri was begun—first by the use of the fingers as dilators, inducing active uterine contractions; then plugging the vagina to its top with sponge, the contact of which with the cervix uteri might produce an amount of local irritation sufficient to promote continued uterine action. (Barnes's dilators were not then accessible.) In less than two hours, the uterus began to contract vigorously, and after a period of eight hours of more or less regular pains, a sanguineous discharge oozed from the vagina, accompanied with a perceptible pressing out of the sponge. Infusion of ergot was then given, and in a very little while the vaginal plug was thrown off, followed by a small living fetus. Passing the finger along the cord; a bag of fluid was touched, and examination of the abdomen discovered no marked change in the size of the uterus. In a few minutes, a second living fetus was expelled, and, soon after, the placenta and membranes. The fetuses—males—lived about five minutes. The placenta was single, oblong, and measured nine by six inches. The membranes con-

sisted of two separate cysts. Between two and three inches of the margin of the placenta appeared as if it had been torn from the cervix during dilatation, and the lower edge of this margin was atrophied, having fibrous clots attached, some of which were of a light color and had been of long standing. Soon after delivery, she was seized with profuse hæmorrhage, and had a severe rigor lasting several minutes. Pulse 100. She remained somewhat exhausted for a few days, but not so much so as was feared she might be. In about two weeks, she insisted on sitting up, and it was supposed that she over-exerted herself, for an alarming secondary hæmorrhage came on, which nearly proved fatal, but from which she recovered, and in a few weeks was as well as usual.

CASE III.—*Accidental Hæmorrhage; Recovery.*—In the night of October 7th, 1862, had an urgent summons to attend Mrs. —, æt. 38, in her eleventh pregnancy. She was found lying on the floor of a room adjoining her bedroom, where she had fainted from the loss of blood, in a pool of which she lay. By this time the hæmorrhage had stopped. She was deathly pale, skin cold and moist, and the pulse small and rapid. She went to bed feeling as well as usual, and soon fell asleep, from which she suddenly awoke, having dreamed that she was stabbed by a knife in the hands of a woman with whom she had recently had some trouble. She felt a desire to use the night vessel, and, on sitting down, a profuse discharge of blood came from the vagina. On getting up, she walked a few steps, and then fainted where I found her. The amount of blood in the vessel and on the floor was estimated at forty ounces. The os uteri was found dilated to the extent of about an inch and a half in diameter; cervix somewhat rigid; foetal head presenting. She was made as comfortable as possible, on the floor, being unwilling to disturb her in any way, except by giving her some nourishment. There was no return of hæmorrhage. After a few hours, uterine contractions came on, increasing in strength and frequency, and expelled a dead mature child, seventeen hours after the accident. The placenta came away with the child, was very large, and much engorged with blood. Numerous large masses of dark coagulated blood followed the placenta. Ergot was given to ensure firm uterine contraction. She recovered without a bad symptom.

CASE IV.—*Accidental Hæmorrhage; Death.* On May 17th, 1866, Mrs. —, æt. 40, eight months advanced in her ninth pregnancy,

while about her domestic duties, was seized with a moderate flow of blood from the vagina, preceded by a sensation as if something had snapped within her. The hæmorrhage soon increased, and she sent for her physician, who found her much exhausted, with a cold skin, clammy perspiration, and feeble, rapid pulse. He administered restoratives, and after a while she rallied and became tolerably comfortable. He ruptured the membranes and gave ergot, but failed to check the flow entirely. The case was fast becoming so critical that there remained but one means to give the slightest chance of life to the mother, and that was to deliver by turning, the cervix being too undeveloped and rigid to use forceps. At this stage, I was asked to assist. I found her with a pulse of 120, small and feeble, great physical depression, and blood oozing from the vagina. The foetal head presented. I concurred with the attending physician that death threatened, and that it might be advisable not to allow her to die undelivered. After etherization, the hand was passed into the uterus with considerable resistance. Version was easily accomplished, but the extraction of the foetus was effected with unusual difficulty. An enormous quantity of clots was removed with the placenta from the cavity of the uterus. Uterine contractions did not come on for some time after delivery, although the uterus was stimulated by the presence of one hand internally and the other manipulating the abdomen. Ergot was also repeated. She came out of the ether quietly, and took stimulants freely; but she was extremely exhausted, and died in about thirty minutes after delivery.

CASE V.—Post-partum Hæmorrhage; Puerperal Fever; Death; Autopsy.—Mrs. —, æt. 27, was confined on the 29th of May, 1862, with her sixth child. Except for some trouble which she experienced in the right iliac region, some time previous to her present pregnancy, and which from its history might have been a cellulitis, she enjoyed excellent health, which continued undisturbed during her present gestation. There was nothing remarkable in the course of her labor. The head presented in the second position, and the child—a female—was born after a labor of nine hours. The placenta, with the membranes, was removed from the vagina, and the uterus contracted satisfactorily. No unusual flow of blood. The mother and child were cared for as usual, and after a full hour, as customary before leaving the house, I went to the bedside of the mother, to ascertain if the ute-

rus remained firmly contracted, and the flow natural in quantity. I soon perceived that a change had taken place in the condition of the patient. She had become as pale as marble. On inquiry, said that she felt faint, but was not flowing too much. She was losing blood, however, and had been for some time, for the uterus had relaxed and filled with blood to such an extent that its fundus was above the umbilicus. The uterus was emptied by the hand and forced into contractions, but relaxed, again and again, before it finally retained its proper firmness through the influence of ice and ergot. During the process an alarming amount of blood was lost from the system of the mother, and she fainted more than once. She was closely watched for several hours. For a day or two she appeared to do well; then a troublesome bronchitis came on: there was more or less delirium, rapid pulse, disappearance of milk in the breasts, diminution of the lochia, tenderness but not distention of the abdomen—the former not complained of except when the hand was pressed deeply and then quickly removed. The delirium and rapid pulse were the most marked of her symptoms, which led me, at one time, to think that she might be the subject of puerperal mania. This was not the case, for she, in a few days, became perfectly rational, but her general condition did not improve, but the reverse, and I advised her removal to the Massachusetts General Hospital, where she could obtain better care than her home could afford. Soon after her admission into the hospital, pneumonia developed itself, and her weakened system soon succumbed. She died on the 21st of June, twenty-two days after confinement. By consent of the husband, the body was examined.

Autopsy, nineteen hours after death.—Body rigid. Upper extremities streaked with purple in the course of veins; lower extremities looked like marble. Abdomen tympanitic. Dulness over left upper chest anteriorly.

Heart.—Pericardium contained about an ounce of fluid. Large fibrinous coagula in pulmonary artery and arch of aorta. Some fluid blood in ventricles.

Lungs.—Generally congested, particularly the upper part of left, anteriorly, and the lower lobes posteriorly. No pleural adhesions nor effusion.

Intestines.—Some liquid matter in the small intestines and rectum; the former much distended with gas. The descending colon was contracted to about the size of the ilium.

Stomach, liver, gall-bladder, spleen and pancreas appeared healthy.

Kidneys very pale; otherwise not remarkable.

Pelvic Organs.—Easily separated adhesions existed between the margin of the omentum and the fundus of the uterus, and between the latter and the bladder, and the fimbriated extremity of the left Fallopian tube was slightly agglutinated to the part on which it lay. The right ovary, adhering firmly to the brim of the pelvis, was enlarged to about the size of a hen's egg, of dark-brown color, and consisted of numerous cysts, of various sizes, contained within a fibrous stroma. The corresponding ovarian vein was of extraordinary size; its walls thickened so as to completely prevent its collapsing, for the space of six inches, giving its cut extremity the appearance of that of a large artery. Left ovary and vein healthy. No liquid effusion in pelvic cavity.

On removing the pelvic organs, their veins were found engorged with blood.

Uterus, enlarged and flabby, measured six inches by four; cervical portion an inch and a half transversely, well contracted. Uterine walls generally about one fourth of an inch in thickness. The placental site was seen on the upper part of the posterior wall. On directing a stream of water over the interior of the organ, numerous villi-like filaments floated up everywhere, but especially over the placental site. Firm blood clots filled the uterine sinuses. Vagina large; otherwise not remarkable.

Head not examined.

CASE VI.—Puerperal Salivation; Puerperal Mania; Death.—Mrs. —, æt. 24; second pregnancy. Salivation came on early in pregnancy, and continued more or less troublesome to its close; amounting to about a pint in the twenty-four hours. Her general health was about average. The mucous membrane of the mouth was not so abraded and tender as to prevent the use of ordinary diet. It was noticeable, in the course of her pregnancy, that she entertained gloomy notions with regard to domestic affairs: fancied that her boy was badly treated by its father, and that the latter did not care for herself as much as he might, &c.—fancies which were without real foundation, and the cause of much grief to the husband, who was truly devoted to wife and child. This patient was frequently seen during pregnancy, and her condition remained much the same. She was delivered of a child at full term, after a labor of five hours. The salivation ceased, but her melancholy deepened; and soon

after confinement she neglected her children and household, sat and brooded over imaginary troubles, spoke but seldom and that only yes or no. She was sent to an asylum, where she died, imbecile, in a little over two years.

CASE VII.—Puerperal Salivation; Bronchitis; Diarrhoea; Death.—Mrs. —, æt. 26; third pregnancy. During the last three months of pregnancy she had profuse ptialism, the saliva flowing from her mouth so freely that she was obliged to use a bed-sheet as handkerchief, and not unfrequently was this large surface of cloth completely saturated in the course of a few hours. The mucous membrane of the lips, tongue and interior of the mouth was denuded of its epithelium. The mouth felt as if it had been scalded, and the use of any but the blandest articles of diet caused much suffering. An irritable condition of the mucous membrane seemed also to extend to the lungs and alimentary canal, for there obtained a troublesome bronchitis and a tendency to diarrhoea. Pulse, generally, over 100. Medical treatment did not restrain the salivation, and had but little effect on the bronchitis and diarrhoea. Labor came on at the full period, and lasted only two hours. It was hoped that the morbid condition, heretofore existing, might cease on delivery. The salivation disappeared and the bronchitis decreased, but the diarrhoea increased, against the arrest of which all efforts proved useless. She died thirty-seven days after confinement.

CASE VIII.—Puerperal Diarrhoea; Death.—Mrs. —, æt. 30; second pregnancy. This patient had *post-partum* convulsions in her first confinement. (Vide report of case in this JOURNAL for October 22, 1863.) She again became pregnant in February, 1865. Soon afterwards, she began to have a troublesome diarrhoea, and an unpleasant cachectic condition of the system generally. There was a follicular and irritable state of the mucous membrane of the mouth and tongue, and more or less constant abdominal pain complained of. Every effort was made to improve her condition, with some success. She was confined on the 5th of November, after a labor of nine hours. There was a subsidence of the diarrhoea for a few days, and it was hoped that it had disappeared, but this was dispelled by the return of the discharge, which continued in spite of remedies. She afterwards passed into the hands of another physician, and died in about five weeks from the time of her delivery.

CASE IX.—Morbid Projection of Sacral

Promontory; Forceps; Version.—Mrs. —, æt. 30; eighth pregnancy; healthy. Had forceps applied in her last labor but one; the last was terminated by natural efforts. An unnatural projection of the sacral promontory was detected early in the course of the labor, but as the pains were good, it was thought that the labor might be completed without artificial interference. After an interval of fifteen hours, it became evident that the uterine efforts were insufficient to press the head through the pelvic cavity. The foetal head was displaced to the right of the sacral promontory, leaving quite a space on the opposite side. An attempt was made to deliver by forceps by Dr. Minot and myself, but failed. Turning was then resorted to, and, after extreme efforts, the patient was delivered of an apparently dead child. The latter was resuscitated after a while, although at first it seemed hopeless to attempt restoration. The child's right humerus was broken during extraction. So certain, indeed, did it appear that the child was dead, that ordinary care, perhaps, was not taken in bringing down the arm: hence the fracture. This fact is placed on record for two reasons—1st, as a warning not to be too certain that the child is dead, let the traction on its body, during podalic version, be never so great; and, 2d, if fracture of a bone should take place, there need not be any anxiety as to its uniting in due time, if ordinary care be taken to place and keep the fragments in proper apposition. Mother and child did well.

CASE X.—Face Presentation, second Position; Chin rotating under Pubes.—Mrs. —, æt. 41; healthy and vigorous; mother of seven or eight children; last confinement in March, 1864. Was called on the morning of June 27th, 1866. She was reported to be in labor for nearly twenty-four hours, but refrained from sending for me on account of the distance and unwillingness to call me in the night, for fear of a false alarm. On first examination, the presentation was mistaken for that of the breech, an error into which one might readily fall when the foetus assumes this malposition, but on closer examination, it was clearly ascertained that the presenting part was the swollen face. The mouth, gums, nose, eyes and chin were readily traced. Although the pains were powerful and regular, the labor progressed slowly, but her strength being good, the natural course of things was not interfered with. As the head was pressed into the cavity of the pelvis, the face became extremely turgid. The

head rotated from left to right. A few pains caused the chin to issue from beneath the pubes, and anon the head and body followed. During the passage of the head, the external genitals were stretched or gaped to an extraordinary extent. The labor lasted thirty hours. The child was apparently stillborn; features much distorted. An occasional heart-beat encouraged efforts made for its resuscitation, which were persisted in for nearly an hour, rewarded by its restoration to life.

CASE XI.—Adherent Placenta.—Mrs. —, æt. 30; healthy; mother of three living children; was delivered of a healthy female child on the 18th of December, 1863, after a labor of two hours. It was remarked that not a drop of blood followed expulsion of the child, nor was the hand, passed into the vagina, stained with blood. The patient was made aware of the state of things and bravely endured the passing of the hand into the uterus, peeling off the adherent placenta, which was extracted entire. A somewhat profuse hæmorrhage followed, but the uterus contracted firmly, and she did well. I attended this patient again on the 11th of May, 1867, when she gave birth to another female child, after an equally short labor, and followed by exactly the same events as those already detailed. On careful inquiry, it was ascertained that it became necessary to pass the hand to withdraw the placenta from the uterus in two of her three first labors, in which another physician, then dead, officiated. It is fair to infer that this patient had adherent placenta four times in five labors.

CASE XII.—Prolapse of the Cord; Rigid Cervix; Scarlet Fever; Recovery.—Mrs. —, æt. 39; married nine years; first pregnancy; healthy. Was taken in labor, as she supposed, about the eighth month, a little before midnight on April 19th, 1860. Pains recurred, now and then, until the following afternoon, when they nearly ceased, but returned, late in the evening, with renewed vigor. By the request of Dr. Robert Ware, who was called away, I took charge of the case. When I first saw her, the os uteri had dilated unequally to the extent of about an inch in diameter, seemed rigid as cartilage, and cervix not fully developed. The bag of waters pressed firmly against it on every contraction, but made little impression on the unyielding tissue of the cervix. The head presented at the brim, and rested on the pubes. Foetal heart distinctly heard in the left iliac region. Two hours later, the membranes ruptured,

and the discharge of waters was followed by a loop of the cord, which pulsated feebly. Attempts were made to return the funal loop into the uterus without success, partly owing to the undeveloped and conical-shaped cervix uteri. The foetal pulse became gradually more feeble, and it was evident that forced delivery was the only alternative for the preservation of the foetus. It was inexpedient, however, to resort to this, as it was, from the nature of things, injudicious and dangerous. The cord soon ceased to pulsate. Dilatation of the os uteri progressed very slowly, the anterior lip still unyielding, and presented a direct barrier to the advance of the foetal head. Some benefit was derived from supporting the obstructing segment with the finger during uterine contractions. When no local obstacle any longer remained, the infusion of ergot was given, which accelerated the labor, and the dead foetus was expelled at 1.30, P.M., on the 21st, after a labor of thirty-six hours.

The patient did well for two or three days, when she became febrile, which soon left no doubt as to its import, for in less than two days a severe scarlet fever declared itself, through which she passed without serious injury, and made an excellent recovery.

ON THE USE OF OXYGEN.

THE value of oxygen as a therapeutic agent is beginning to attract considerable attention among medical men, both here and in Europe. Its adaptation to the wants of the human system in a certain class of diseases cannot be questioned by those who have witnessed its application. An agent like this, which constitutes the vital element in air which supplies the lungs, imparts purity to the blood, and gives, through this, warmth and vigor to the animal body, cannot but claim an important place in therapeutics. In cases of anæmia, chronic dyspepsia, and deficient oxidation of the blood through imperfect action of the lungs, we have witnessed the effects of the systematic inhalation of oxygen with most marked and beneficial results. It is to be regretted that the educated portion of the profession have been so slow in adopting this vital agent in medical practice.

The causes, however, which have conduced to prejudice medical men against the use of oxygen are, first, the difficulty that has heretofore attended its preparation and application; and, second, the extravagant

statements of charlatans as to its curative effects.

By the improvements lately introduced for controlling and maintaining a uniform heat of the salts from which oxygen is prepared, the expense and trouble have been so reduced as to bring this gas within the reach of every practising physician; while its purity and the ease and success of administering it, remove much of the objection heretofore urged against its use.

The fact that mercenary pretenders have monopolized so valuable an agent, should not preclude a fair trial of its merits by those on whose judgment an intelligent public might rely. * * *

Hospital Reports.

BOSTON CITY HOSPITAL.

Reported by F. C. ROPES, M.D., Surgeon to Out-patients.

CASE I.—*Ovarian Cyst treated by tapping low down, and by establishing a Fistula.* (Service of Dr. BUCKINGHAM.) Margaret G., æt. 55; married; dressmaker. Entered the hospital March 26, 1867. First menstruated when 38 years of age, and after taking emmenagogue medicine. Has been married eight years. Has aborted three times at about the fourth month. Had twins six years ago; two months before which time, as she says, her husband deserted her. Catamenia usually regular. Three years ago, an interval of six weeks occurred between the periods; and a year and a half ago, an interval of three months. In October, 1866, an interval of eight weeks occurred, during which time she first noticed some enlargement of the abdomen, accompanied by pain in the left hypochondrium—sometimes sharp—and occasional pain in right side. Since October, catamenia have been irregular. At first, intervals of more than a month occurred, but afterwards the flow appeared as often as once a fortnight. The last period occurred on the 2d inst., and lasted a week. Abdomen has been steadily increasing in size. Constant pain in left hypochondrium, except when in bed. Just before the catamenial flow, has pain in right hypochondrium. Has been losing flesh and strength of late. Bowels generally regular. Micturition sometimes difficult, as if something were temporarily pressing on the neck of the bladder or urethra. Abdomen measures 37 inches at umbilicus. It is not resonant on percussion, and distinct fluctuation is observable.

March 27th.—To have half an ounce, three times a day, of a saturated solution of chlorate of potassa.

April 11th.—About the same. Had much pain last night.

16th.—Patient was etherized, and examined by Drs. Buckingham and Cheever. Tumor found to be on right side, though patient had always affirmed it to be on the left. Cervix uteri was found to be forced over to the left side, and perceptible bulging of the anterior vaginal wall on right side was noticed. The diagnosis of ovarian tumor had already been made by Dr. Buckingham, when patient was admitted; and it was thought possible that sufficient evidence of pointing in the cul-de-sac of the vagina could be obtained (or at least of adhesion there) to warrant the operation of puncture per vaginam. The examination, however, did not show this to be the case; and therefore, as the next best thing, the following operation was performed by Dr. Buckingham. An incision was made through the skin only, just above the pubes, and about an inch to the right of its spine. A trocar was thrust in, and eleven pints of a dark viscid fluid removed. An elastic catheter was inserted, and found to move freely in every direction; and on passing it downwards, its point could be felt in the vagina, to the right of the cervix uteri.

17th.—Great tenderness over whole abdomen. To have a suppository of five grains of opium every three hours till relieved.

18th.—Has symptoms of acute peritonitis. Continue suppositories. Continual discharge of pus from wound.

20th.—Is easier, but weak. Continue suppositories. An elastic catheter has frequently been introduced into the wound, causing a free escape of gas.

25th.—Much stronger. Tolerably free from pain. Discontinue suppositories.

28th.—A catheter was passed into the wound, and a quantity of pus allowed to drain away.

30th.—Complains of being chilly. Some pain in abdomen. Renew suppositories.

May 2d.—Pulse 72. Considerable purulent discharge from wound.

16th.—Is up and about the ward.

June 4th.—Discharged, relieved. The discharge has ceased. The remaining tumor is hard and small.

REMARKS.—The indication for the employment of chlorate of potassa in ovarian disease is certainly obscure enough. Mr. Craig, of Ayr (*Edinburgh Medical Journal*, quoted in *Brailwaile* for July, 1866), reports four cases of ovarian tumors in which

this drug was used. In the first case, the tumor was in the left iliac region, and was about the size of an infant's head. The patient was in feeble health. Within three weeks after taking the drug (of which she took two drachms of a saturated solution three times a day), her health materially improved, and the tumor diminished in size. The diminution progressed, and in a year the tumor had altogether disappeared.

In the second case, the tumor was about the size of the fist, situated in the right hypochondrium, and quite movable. The same treatment was employed, and in four months the tumor had disappeared.

In the third case, the tumor was also about the size of the fist, and situated in the left iliac region. This patient took the chlorate of potassa in the same doses, but finding no improvement in two or three months, became discouraged and discontinued the medicine. She was, however, induced to re-commence, and after some weeks reported herself more comfortable, and the tumor smaller.

In the fourth case, the tumor was small, tender on pressure, and situated in the left iliac region. The medicine was prescribed, but before long, the patient became impatient, and discontinued its use. The *modus operandi* of chlorate of potassa in such cases, is not clear; if indeed there be any "*modus operandi*" at all, and the apparent benefit in the above cases be not the effect of natural causes, having no connection with internal remedies. We know that this drug is rich in oxygen, which it parts with readily; but further than some improvement in the general health, we should scarcely expect any benefit to follow in cases of ovarian tumor. Sir James Simpson gives chlorate of potassa in cases of dyspnoea arising from pregnancy, or pressure of tumors; and says that the patients experience such relief that they call the medicine "breathing powders." The rationale of *this* effect is more intelligible. But we know so little of the chemistry of the human living body, that we should not hesitate to prescribe any drug, whose administration appeared to be followed by beneficial results, simply because we cannot understand its action. Mr. Craig does not tell us where he first got his idea of using chlorate of potassa to cure ovarian tumors. This treatment calls to our mind the use of oyster shells in powder for the cure of cancerous tumors, recommended by Dr. Peter Hood (*Lancet*, for Oct. 12, 1867). He relates two cases, one observed for a time by himself, in

which this remedy was employed with benefit. His view is that it causes atheromatous or calcareous degeneration of the coats of the vessels supplying the disease, and thus atrophy. He also thinks, that if the drug be given to excess, there may ensue atheromatous or other degeneration of some important vessels, for example, the aorta. We can, however, hardly think that much good could be done in the way of producing atrophy and degeneration of the cancerous mass, without incurring risk to healthy tissues. On this point, however, as in regard to the claims of chlorate of potassa in the cure of ovarian tumors, experience must be our guide. Mr. Craig makes no mention of injurious effects from the continued use of the chlorate. In some cases it appears to give rise to gastralgia and other distressing symptoms.

In Dr. Buckingham's case, no benefit seems to have been derived; but the drug was only used a few weeks.

Reports of Medical Societies.

SPRINGFIELD SOCIETY FOR MEDICAL IMPROVEMENT. M. CALKINS, M.D., SECRETARY.

Cases reported January 6th, 1868.

CASE I.—Diffuse Inflammation of the Hand and Arm, produced by the puncture and retention of a Needle.—By Dr. H. R. VAILLE.

The patient was a lady, 60 years of age. The needle had been in the palm of the hand seven days, and had resisted all efforts at removal, before I was called. The hand and arm were of a dark color, covered with erysipelatous blisters. The general symptoms were indicative of approaching collapse. I ordered tonics and nutritious treatment—quinine, brandy and milk internally, and externally poultices of bark and charcoal. The case gradually convalesced, and recovery was effected in five weeks.

I report the case as illustrative of the efficacy of tonic medicine and nutriment in diffusive inflammation.

Scarlatina—its Treatment. By Dr. H. R. VAILLE.—My treatment now is very different from what it was fifteen years ago. For the past twelve years I have treated over eighty cases, without any fatal results. Previous to a change of treatment, I lost from ten to fifteen per cent. Formerly, my treatment was antiphlogistic; the change to the restorative and tonic method has been attended with better results than I anticipated. As a diaphoretic and nervous

remedy, I use Dover's powder. As a disinfectant, I use as a gargle and internally, in full doses, chlorinated soda. As a stimulant, tincture or syrup of capsicum, and brandy. As an astringent tonic, tincture of muriate of iron. When the cervical glands are swollen, I prescribe quinine, even when the fever would seem to contra-indicate its use, and cover the neck with a warm poultice, directing the careful avoidance of changes of temperature. From first to last, I carefully nourish the patient with milk, either pure or dilute. I avoid cathartics, and direct the use of enemata to move the bowels.

CASE II.—Flooding after Instrumental Delivery, and its Consequences.—By Dr. W. W. GARDNER.

Four days after delivery, attended with profuse hæmorrhage, I was called to visit the patient. The pulse was 132 per minute, the tongue black and dry; the bowels affected with diarrhoea, attended with protruding piles; the appetite was gone, and there were sleeplessness, great tenderness over the left iliac region, with feeble peripheral circulation. Acting on the theory that the symptoms were caused by loss of blood, I ordered beef-tea and milk, eight grains of Tully's powder once in eight hours, and a grain of oxalate of cerium occasionally to allay nausea.

The next day the pulse fell to 120, the diarrhoea was much better, and the intestinal pain relieved. I applied a compress over the hypogastrium wet with tincture of arnica. On the third day of my attendance, I found her tongue clean and moist, the lochial discharge normal, and the mammary secretion natural. I applied to the piles an ointment of Maunsel's salt and adeps, and a compress. The case rapidly convalesced.

Meeting of January 20th, 1868.

CASE III.—Biliary Calculi; Rupture of the Ductus Choledochus Communis; Death.—By Dr. H. R. VAILLE.

The patient was attacked with chills and fever, had a coated tongue, and most excruciating pain over the gall-bladder, which was relieved only temporarily by grain-doses of morphia. In two or three days, no amount of morphia seemed to exert any controlling influence over the pain. After ten days, the case terminated in death.

The autopsy revealed the presence of twenty-seven biliary calculi in the gall-bladder, and the rupture of the ductus choledochus communis, by an irregular-shaped calculus, pressed into the duct.

CASE IV.—Rupture of the Gall-bladder,

terminating in Death in twenty-nine Hours.—
By Dr. M. CALKINS.

The patient, a lady about 35 years of age, had been dyspeptic, and at times somewhat hysterical. On Saturday, at 2, P.M., while enjoying her usual degree of health, she was suddenly attacked with the most excruciating pain over the upper portion of the abdomen, which rapidly extended over the whole peritoneal cavity; and which all remedies failed to relieve, except for a few moments. The case rapidly progressed to a fatal termination, on Sunday, at 6, P.M.

The autopsy revealed no important lesion, except a rupture of the gall-bladder, and the presence of bile and serous liquid in the peritoneal cavity, with the usual phenomena of peritonitis.

CASE V.—Inflammation of the Membrana Tympani.—By Dr. W. W. GARDNER.

The symptoms were acute pain at the root of the tongue on the affected side, which continued two or three days, but no pain in the ear. It extended round about the ear and on to the side of the head. There was, however, considerable tenderness at the anterior part of the meatus, extending over the front and external parts of the ear. At first, I applied water at the temperature of 150°, but it caused an increase of pain, and yet felt cool to the ear; then I applied it still hotter, with an aggravation of the pain. The meatus was so swollen that I could not see the tympanum. I prescribed Tilden's deodorized opium, and applied wet, warm compresses covered with oiled silk and flannel, to be changed once in eight hours. At first, these warm applications were unpleasant, but after the second day they gave relief. I persevered in their use, and also ordered a cathartic. On the sixth day, she was convalescent. The tympanum was not perforated, but the case terminated in the restoration of hearing.

The case suggested to my mind these peculiarities, viz.—the location of severe pain at the base of the tongue; the increase of pain on the application of warm water; and the quick recovery of hearing.

In the French Academy of Sciences, M. Delaunay is President; Claude Bernard has been elected Vice President, and M. Dumas, formerly Professor of Organic Chemistry, Perpetual Secretary, in the place of Flourens. Nélaton, Baron Larrey and Wurtz have succeeded Jobert, Civiale and Pelouze. Faraday's place as foreign associate member is not yet filled.

VOL. I.—No. 3A

Bibliographical Notices.

The Diseases of the Ear; their Nature, Diagnosis and Treatment. By JOSEPH TOYNBEE, F.R.S., &c. &c. With a Supplement, by JAMES HINTON, M.R.C.S., Aural Surgeon to Guy's Hospital. London: 1868.

It seems hardly necessary to say a word regarding the valuable work of the late Mr. Toynbee, a book which is in itself the very epitome of what was known in aural surgery up to the date of its first publication. It is indeed, in some few points, inexact, and, in some, incomplete, as judged by the present state of our knowledge on the subject; but, putting these necessary errors aside, there is no other volume which contains an equally thorough and exhaustive account of the physiological and pathological data on which the treatment of aural diseases rests, and we gladly welcome the present edition, just issued from the press of Mr. Lewis.

The treatise, as is well known, was the life work of Mr. Toynbee, and not alone till the date of the publication of this book, but he was actively engaged in the study of the ear till the latest days of his life; and, indeed, made considerable advance on the data furnished by his own book. It is much to be regretted that the anticipated publication of a work on the Pathology of the Ear, by the same distinguished author, was prevented by his death.

In the preface to the descriptive catalogue of preparations, illustrative of the diseases of the ear, in his own collection, Mr. Toynbee says:—"It has long been the opinion of medical men, that the successful prosecution of aural surgery was opposed by almost insurmountable obstacles. Without, however, attaching any undue weight to the results to which pathological research has already led, may it not reasonably be expected that the same energy and patient, persevering inquiry which have so successfully surmounted obstacles, surely not less formidable, in other branches of the profession, will, in this also, be rewarded by discoveries calculated to advance medical science?" It is a gratification to know that the anticipations of Mr. Toynbee are being, to a greater or less degree, realized, and that advances are being made which will raise aural surgery from the position it has held until the past few years—that of comparative neglect. The numerous books which the past five years has called forth on the subject, and the investigations

of Gruber, Politzer, von Trötsch, Erhard, and a score more in Europe and our own country—not to neglect the able brochure which has appeared in our own midst on aural polypi—show that the subject is receiving careful study and attention.

It is to bring the subject as nearly as possible to the present day that Mr. Hinton, of Guy's Hospital, has added a supplement to the volume of Mr. Toynbee. In this he treats very ably, but briefly, the newer methods of examining aural cases, polypi, uvolluscular tumors, the more recent methods of treating the Eustachian tube, the cavity of the tympanum, &c. Altogether, Mr. Hinton has completed the work of Mr. Toynbee, and made it a full, as it is a safe handbook for the specialist, as well as the general practitioner.

F. H. B.

Twenty-ninth Annual Report of the Board of Trustees and Officers of the Central Ohio Lunatic Asylum, at Columbus, November 5, 1867.

DURING the past three years extensive repairs and improvements have been made to this asylum, increasing its capacity, removing nuisances, and by its completion adding such conveniences that the Trustees express their wonder at the way they got along previously. With the improved facilities there has been a visible change for the better in the health and moral tone of the patients; while the yearly expense *per capita* has been reduced twenty-one dollars, making a saving in the general expenses of \$6,657. Thus the benefits, arising from a judicious and liberal policy pursued by the legislature, have not been confined alone to the objects of their generosity.

The whole number of patients in the asylum, Nov. 1, 1866, was 300—137 males and 163 females. There were admitted, during the year, 201—92 males and 109 females; 171—79 males and 92 females were discharged; leaving in the asylum Nov. 1, 1867, 330—150 males and 180 females.

Of those discharged, 125 were recovered; 20 improved; 11 unimproved, and 15 died.

The treatment of colored insane persons is attracting much attention in Ohio as well as in more southern States, where hitherto this class has not been dealt with according to the precepts and "neighborly doctrines" found in the New Testament. In speaking of this subject the Superintendent, Dr. Wm. L. Peck, remarks that "Insane persons of color in our State (Ohio) have been sadly neglected, and provision

for their proper care and treatment should be made as soon as possible. I think the fact settled that white and black persons cannot be properly and successfully treated in the same wards of an insane hospital. I do not deem it necessary, neither do I propose to argue the question of caste in this report. I only wish to state what every one will, I think, acknowledge, viz.: that there is a feeling existing in the uneducated popular mind which separates the two classes very widely. Popular prejudices are almost always intensified in the insane mind, and this idea of caste is not an exception to the rule. Such being the fact, I do not hesitate to assert that the insane asylum is not the proper place to attempt to educate out of a person an inborn idea." Such being the views of the Superintendent, he recommends the erection of a suitable separate building for the use of this class of insane within the same grounds as the other, and to be under the care of the same officers.

In regard to the general treatment of the insane, labor, properly conducted, the Doctor considers of great value; and he regrets that some simple, light mechanical trade has not yet been devised to be carried on with tools of a harmless nature, and the use of which could be easily learned. Such a trade introduced would relieve the male patients, during the winter months especially, of that "ennui that now hangs over them like a cloud." The female patients are more easily supplied with employment.

In addition to the usual amount of exercise by riding, walking, dancing and innocent games of various kinds, light gymnastics have been introduced with decided success.

The materia medica is relied upon for valuable and efficient aid, while the patients are thoroughly nourished with substantial food. Half-starved insane persons would prove extremely difficult to cure.

The benefits of religious worship are mentioned, and the system of treatment without these services, the Superintendent thinks, would be very incomplete.

C. K. B.

M. GAILLARD, of Poitiers, having to remove a large sequestrum through a small aperture in the soft parts, used pulleys to exert continuous traction. By this slow process the soft parts were gradually compressed, and did not bleed. The sequestrum was at last extracted, and the patient did well.—*London Lancet*.

Medical and Surgical Journal.

BOSTON: THURSDAY, FEBRUARY 20, 1868.

PUERPERAL DISEASES IN GENERAL HOSPITALS.

No apology is necessary for calling the attention of our readers to the following abstract of a clinical lecture by Dr. Priestley, on the closing of the lying-in ward of King's College Hospital, as given in the *London Medical Times and Gazette* of Jan. 25th. The subject is of such paramount importance, and the history so succinctly given, that it will well repay perusal.

The ward had been established and inaugurated under the auspices of Dr. Priestley's predecessor, Dr. Arthur Farre, and every precaution had been taken to isolate it as much as possible from the other Medical and Surgical wards of the Hospital, and thus to keep it free from the influences which might emanate from certain cases of disease which find their way into the wards of a general Hospital. The Nightingale Ward was, therefore, placed on the upper floor of the Hospital, with a ward devoted to the diseases of women next it, but with no other ward on the same floor.

A convalescent ward was provided apart from the lying-in ward, and each patient had the very liberal allowance of 3200 cubic feet of breathing space. Indeed, so perfect were the arrangements of this ward, that they were repeatedly made the subject of commendation by many foreign obstetric Physicians who from time to time visited it.

They had a skilful resident midwife and a qualified resident obstetric assistant, and the patients received every attention and comfort they could desire.

Notwithstanding all these precautions—notwithstanding the perfection of the arrangements which had been made for the care of the lying-in women, the results had been so adverse to the patients admitted, that the ward was now closed. The closing of this ward was no sudden idea, but had gradually and progressively grown out of the painful recollections which were associated with the cases that had occurred in it.

In cases where the forceps had to be used, or in cases where premature labor had to be induced, the results were more frequently untoward than favorable. These cases

were generally followed by some form of puerperal fever or of blood-poisoning. Besides this there was a much larger proportion of deaths after natural delivery than is usual, and it was further noticed that the patient's chance of recovery was diminished if, for any reason, she came into the Hospital a week or two before the time of labor, and it had constantly been insisted upon that in the case of a woman coming up from the country, she should not be brought to the Hospital until she was actually in labor.

Attempts were made to discover the cause of this mortality, and, if possible, to prevent it. In the first place, it was impressed upon the obstetric assistant and the obstetric clerks that they should go as little as possible into the general wards of the Hospital, and especially into such wards as were known to contain cases of fever or erysipelas, and that they should abstain altogether from going into the post-mortem theatre. Pupils who were dissecting were not to attend the lying-in ward. Disinfecting agents of every kind were freely used. These precautions were essential, because it is now well known that any particles of matter which may adhere to the fingers after the examination of foul sores, or cases of erysipelas or any specific inflammation, or cases of scarlatina, are almost certain to produce puerperal fever, or some other form of blood-poisoning, if introduced into a lying-in ward.

After a conference with Professor Miller, pans of charcoal were placed in the wards, and vessels filled with carbolic acid and water. In cases where the vaginal discharges were in the least offensive, frequent injections of carbolic acid and water or of Condy's fluid were employed. But all these means failed to check the mortality.

Another attempt was made to reduce the mortality by transferring all the patients from the lying-in to the convalescent ward immediately after delivery, and, as there were two separate delivery rooms, these were used alternately for three weeks at a time, one being made use of as a lying-in ward, while the other was being thoroughly ventilated and disinfected. Whenever it happened that two or three bad cases occurred successively, the whole establishment was closed for two or three weeks, including the convalescent ward, and everything was changed or disinfected. The committee of the Hospital had at all times shown a readiness to co-operate and carry out any suggestions he had made. In spite of all these precautions, the rate of mor-

tality increased rather than diminished. The mortality for the last six years—indeed, for the whole time that the Nightingale Ward had been opened—had reached the rate of 1 in 28.9 cases; this was a very high death-rate. But it must not be supposed that this high rate of mortality was peculiar to this Hospital. Dr. Lefort states that, taking the statistics of lying-in-Hospitals generally, the death-rate is 1 in 29. Compare this with the rate of mortality amongst the out-patients attended by students at their own homes, and we find it to be only 1 in 212! It follows, as a natural deduction from these figures, that in all probability the lives of many of these patients would have been spared had they been delivered in their own homes. * * * * *

In 1862, the deaths from puerperal fever or other forms of blood-poisoning were 1 in 32.3, and of the three fatal cases two were cases of natural labor, and the third was a case of twins in a phthisical mother. In 1863 the deaths were 1 in 51.5; the two fatal cases were both natural labors. In 1864 the rate of mortality was 1 in 47. There were two fatal cases; in one the child was born in a cab, and there was considerable post-partum hæmorrhage; the other case was one of pyæmia following the induction of premature labor at the eighth month. In 1865 there were five deaths, the rate being 1 in 32.6: of these, three were cases of natural labor; in two, the short forceps had to be used, and in one there was slight laceration of the perineum. In 1866 there were also five deaths, or 1 in 30: two were natural labors, one was a case of placenta prævia, one a case of retained placenta, and in a third the long forceps was used. Last year there were nine deaths, or 1 in 13.8: of these, four were natural labors; one was admitted with erysipelas into one of the general wards, and unfortunately sent on to the midwifery ward in labor; in another, rigors occurred during labor; another was a case of turning; and in the last two cases one was a case of twins in which the second child had to be delivered by turning, and the other was a forceps case.

Now as to the true cause of all this mortality. It was no doubt occasioned by the conveyance of poison in the atmosphere of the Hospital from cases of Surgical fever, erysipelas, and allied diseases. Morbid exhalations diffused into the atmosphere passed from the lower wards to the upper lying-in wards. This was strikingly exemplified during an outbreak of erysipelas in the Surgical wards, coincidently with which

the two women who were occupying the beds next the door in the lying-in ward, close to the shaft of air passing up from the lower wards, were attacked with symptoms of puerperal fever. At another time, a child which had been delivered by forceps, and had been slightly scratched on the brow by one of the blades, was attacked by erysipelas, which rapidly diffused itself over the head, and led to the formation of unhealthy abscesses and the death of the child, clearly showing that the atmosphere of the lying-in ward was impregnated with the poison of erysipelas. These influences are scarcely separable from a general Hospital, and indeed it may be that even the presence of a post-mortem theatre close to the Hospital may be attended by emanations prejudicial to lying-in women, who are especially susceptible to influences of this kind.

The conclusions from these data seem inevitable. But we may be allowed to call attention to the fact, that the location of the lying-in ward in this hospital was the worst possible—being over general wards, whence emanations must unceasingly arise.

In the Bellevue Hospital, New York, a very large lying-in department is connected with a general hospital. We are unable to give the rate of mortality there; but we have the impression that it is not excessive.

In hospitals built on the pavilion plan, these objections to a lying-in department must have much less weight. And we cannot see why a perfectly detached lying-in ward, wholly isolated by a large vacant air-space between it and the other buildings, and of but one story high, should not be as healthy in a common enclosure with a general hospital, as elsewhere. A distinct set of accoucheurs, house-officers and nurses must, of course, be provided.

It must be borne in mind, also, that the puerperal state is particularly prone to the reception of all morbid influences, not only from zymotic and septic diseases, but from trivial circumstances, and from accidents that in all modes of life cannot be guarded against.

At a late meeting of the Springfield Society for Medical Improvement, M. Calkins, M.D., was chosen Secretary, and W. W. Gardner, M.D., H. R. Vaille, M.D., G. S. Stebbins, M.D., and S. F. Pomeroy, M.D., Prudential Committee.

DECOLORIZED TINCTURE OF IODINE. *To the Editor, &c.*—Having a case in which it was desirable to apply tincture of iodine to an exposed surface, I determined, on reading the last number of the *Journal*, to make use of the decolorized tincture, as prepared by Dr. Boulton's method, there described. But by no manipulation could the druggist bring about the desired change of color by the combination recommended. Even the very dilute form given in the formula at the conclusion of the article, proved refractory. It was found, however, that by using the compound tincture of iodine, to one ounce of which ten drops of a saturated solution of carbolic acid had been added, the further addition of one or two drops of aqua ammoniæ caused an immediate disappearance of the color, leaving a perfectly transparent liquid. Without the addition of the ammonia an equal bulk of carbolic acid failed to discharge the color from the tincture; and on the other hand, the ammonia alone was incompetent to produce this effect without the carbolic acid. S. L. A.

CORRECTION. *To the Editor, &c.*—In the report of the late meeting of the Norfolk District Medical Society, on page 26 of your last week's issue, I am made to say that "The first appearance of spotted fever in Norfolk County was in 1803." I did say, that typhoid fever prevailed in that and several subsequent years in the southeasterly part of the county. But the first cases of spotted fever in New England, so far as I know, occurred in Medfield, in March, 1806; and were reported by Doctors Danielson and Mann, the attending physicians, and their report published in the *Medical and Agricultural Register* in May following. Their account was reprinted in 1813, in the second volume of the *Communications of the Massachusetts Medical Society*, p. 36—42.

As to the "throat distemper," it prevailed extensively in New England from 1735 to 1750, commencing not in Dover, but in Kingston, N. H., in May, 1735, and "spreading gradually through that township during the summer. Of the first forty, who had the disease, none recovered. In August it began to make its appearance at Exeter; and in September at Boston." See *Holmes's Annals*, 2, 141, and *Webster on Pestilence*, 1, 234.

Yours respectfully,

E. ALDEN.

Randolph, Mass., Feb. 14, 1868.

THE ACTION OF THE INTERNAL INTERCOSTAL MUSCLES IN RESPIRATION. THE MUSCLE OF REISSEISEN. From a review in the *Archives Générales* of a work by M. Duchenne on the "physiology of movements, ascertained by electrical experiment and clinical observation," we think the following passages will be of interest.

"I have used," says M. Duchenne, "metallic rhéophores, and placing them at the level of one of the internal intercostals which correspond to the cartilages, have seen the lower rib, 1st, rise towards the upper rib, which remained fixed; 2d, move at the same time outwards by a sort of movement of rotation on its extremities. I am then right in concluding that all the intercostals, separately excited, raise the lower rib towards the upper, which remains fixed; and thus is definitely decided the question which for centuries has held physiologists in suspense: in fine, all the intercostals, the internal as well as the external, are inspirators."

The experiments of M. Duchenne have been confirmed by those which professor Duval, director of the naval medical school at Brest, has recently made on a criminal. These last are decisive, especially for the internal intercostal, which, having been laid bare over its whole extent, raised the lower rib towards the upper, which was unmoved, whenever any point of its surface was directly electrified. Finally, M. Duchenne has shown, by the aid of clinical observations, that the intercostals not only preside over costal inspiration, but also by their tonicity maintain the capacity of the thorax in its normal limits, by neutralizing the action of the expiratory forces, which tend to diminish it.

With regard to the expiratory muscles, M. Duchenne cites some curious investigations as to the functions of the muscle of Reisseisen, which, known to line the membranous portion of the trachea and the large bronchi, is prolonged over the whole extent of the bronchial divisions. M. Duchenne states that he has seen these muscles contract the bronchial tubes; and the small membranous bronchi, especially, contract so far as to entirely obliterate their diameter.

UNUSUAL EFFECT OF SUBCUTANEOUS INJECTION.—Mr. Braine reports the following case in the *London Medical Times and Gazette*:—

"Mrs. H. C., aged 35, in good health otherwise, had been kept awake for seventy-two hours by intense neuralgic pain on

left side of head, face and neck, arising from a carious molar tooth on left side of lower jaw. She was injected with morph. acet. gr. $\frac{1}{4}$. The morphia, dissolved in about four drops of water, was introduced under the skin of the left arm, just over the insertion of the deltoid. No blood appeared at the puncture. In about fifteen seconds, tightness of the chest and difficulty of breathing were complained of, and the patient asked to be raised, saying she felt as if she were dying. Her face and lips now became pale; speech indistinct (not inaudible); pulse irregular; some spasm of the facial muscles took place, and she fell back, to all appearance dead. Cold water was freely dashed over face and chest, and, as she was unable to swallow, her tongue was rubbed over with sal volatile, and ammonia applied to her nose, artificial respiration being kept up at the same time. During this time her face was blanched, pulse not to be felt, and respiration not to be perceived. Insensibility continued for about three minutes; then, happily, one or two feeble beats of the pulse, and a shallow inspiration or two, showed returning animation. She then became conscious; pulse feeble, but regular; respiration slow; fingers remained numb, and both thumbs were drawn into the palms of the hands. This passed off in about six minutes, leaving her feeling very ill, but free from the neuralgic pain, which did not return. There was no feeling of nausea, and no attempt at vomiting during any part of the time."

In the next number of the same journal, Mr. Roberts states that he has witnessed a similar effect in two instances, "but nothing like to such an alarming extent. One was in a gentleman whom I had injected several times previously, the other in a lady. I have also partly noticed it when I have injected myself. In the first case, a few minutes after the operation, the face became intensely flushed; this was followed by vomiting, and then a dead faint and struggling for breath, the pulse scarcely perceptible. These cases, and the effect on myself, taught me, when injecting a patient for the first time, never to give more than the sixth of a grain, wait a quarter of an hour or longer, and then give the remainder of the dose after ascertaining how the first injection was taking effect. Women, I have found, are bad subjects for subcutaneous treatment, for they get frightened and nervous. I have used my needle over 300 times, and I have always noticed one fact—that if the wound bleeds after the operation, the morphia enters the sys-

tem much more powerfully and rapidly; and I always know when it is going to bleed by the operation giving a good deal of pain."

CASE OF WOUND OF THE RIGHT LUMBAR REGION, INVOLVING AND LAYING BARE THE KIDNEY; COMPLETE RECOVERY.—The patient was a boy, aged 14, who was brought to the hospital after having fallen from the wall of a house, at a distance of forty feet, upon a heap of rubbish. On examination, a wound was found extending across the spine from above the right iliac crest, and on the right side the erector spinæ was torn through, and in the gap thus formed the lower end of the right kidney protruded, a portion of it as large as a walnut being fairly exposed. Mr. Paget secured a portion of the integument over the wound, so as to protect the exposed kidney, and the wound was lightly dressed with oiled silk, and frequent but small doses of opium were administered. Urine was discharged from the wound for several weeks; but eventually the wound healed over, and the lad was discharged apparently in perfect health.—*Med.-Chir. Review*, from *St. Bartholomew's Hospital Reports*.

INGROWING TOE NAIL.—Dr. Bailey, in the *Leavenworth Medical Journal*, suggests the following method of healing this annoying deformity:

"I have found that the *second* toe always presses firmly against, and rather beneath the side of the great toe, which very naturally produces the whole trouble. It has occurred to me, therefore, that if this constant cause could be dispensed with, and at the same time pressure applied in such a manner as to press the flesh away from the nail, a permanent cure could be effected without the use of the knife, which is justly dreaded by the patient. To accomplish this, I got up a bandage, by taking a piece of strong muslin about one inch wide, and just long enough to make two loops (by sewing), one large enough to slip over the great toe, and the other to slip over the third toe and bring them close together, letting the second toe rest over or above the bandage, where it furnishes precisely the required pressure to crowd the soft parts away from the nail and at the same time remove the pressure that caused the disease.

"In the few cases that I have used this simple appliance, it has been followed by complete success. It is convenient, not

troublesome to apply, and can be worn without dispensing with ordinarily tight boots or shoes, which is sometimes quite an important thing, especially if the patient is a lady."

ON EXPRESSION OF THE FÆTUS, by Dr. KRISTELLER.—Dr. Kristeller, quoting a paper by v. Ritgen on "Delivery by Pressure instead of by Extraction," advocates the use of this method in certain cases of inaction of the uterus. He says it has the advantage over extraction of not requiring the premature rupture of the membranes, of not disturbing the flexion of the foetal chin upon breast, or limbs upon trunk, and of bringing the uterus into correct relation with the axis of the pelvic brim. It is executed by placing the patient on her back, the operator spreading his hands upon the uterus, so that the palms shall be able to compress the fundus downwards, whilst the thumbs and fingers shall compress the uterus on the sides. The pressure is made to resemble the course of a natural contraction in its progress and periodicity. It may require to be repeated fifteen or twenty times. If more than this is necessary, the case is unfit for the operation. Expression, or "squeezing out," of course, will often excite uterine action, which will help the operator. Expression is also most useful in aid of extraction, as, when the forceps is used, Kristeller relates cases in proof of the value of his method.—*Monatsschr. f. Geburtsk.*

AMERICAN ACADEMY OF DENTAL SCIENCE.—A society with this name has been recently organized in this city by the adoption of a constitution and by-laws. The officers for the session of 1867-68 are as follows:—E. T. Wilson, M.D., *President*; D. M. Parker, M.D., *Vice President*; E. N. Harris, D.D.S., *Recording and Corresponding Secretary*; J. L. Williams, M.D., *Treasurer*; John Clough, M.D., *Librarian*. *Board of Censors*.—E. G. Tucker, M.D., D. M. Parker, M.D., J. L. Williams, M.D.

MORTALITY OF CHICAGO FOR 1867.—Among the more important causes of death are noticed:—Cholera infantum, 542; convulsions, 398; diarrhoea, 144; scarlet fever, 99; typhoid fever, 163; measles, 87; old age, 72; phthisis pulmonalis, 398; pneumonia, 159; smallpox, 115; tabes mesenterica, 115; teething, 148. Whole number of deaths, 4604. Of those who died, there were under 5 years of age, 2784; from 5 to 10, 182;

10 to 20, 176; 20 to 30, 381; 30 to 40, 378; 40 to 50, 237; 50 to 60, 140; 60 to 70, 126; 70 to 80, 61; 80 to 90, 36; 90 to 100, 4; 100 to 110, 2; unknown, 97.

VITAL STATISTICS OF PROVIDENCE, R. I.—The number of deaths in the city of Providence during the month of January, 1868, was 56—males, 28; females, 28. This number is 20 less than during the preceding month; 33 less than in January, 1867; 31 less than the average for January during the last thirteen years; less than in any month of any year since April, 1862; and less than in January of any one of the last twenty-two years.

The number of marriages in 1867 was 42 more than in 1866; 145 more than in 1865; and much more than ever before in any year in Providence. There was an increase of 103 marriages in 1866; there was a decrease of 8 births in 1867!

BUTLER HOSPITAL FOR THE INSANE, PROVIDENCE, R. I.—From the report of the Superintendent, Dr. John W. Sawyer, we learn that there were in the hospital at the commencement of the year 1867, 119 patients—59 males and 60 females. During the year, 77 have been admitted—41 males and 36 females, making the whole number under treatment 196. Sixty-five have been discharged—33 males and 32 females, of whom 29 had recovered, 17 were improved, 5 were unimproved, and 14 died. There are now in the hospital 131 patients—67 males and 64 females.

PENNSYLVANIA HOSPITAL FOR THE INSANE.—The Report for 1867, says:—At the date of the last report there were 296 patients in the Institution, since which 288 have been admitted and 240 have been discharged or have died, leaving 344 under care at the close of the year. The total number of patients in the hospital during the year was 584. The highest number at any one time was 368; the lowest was 294; and the average number under treatment during the whole period was 336, or 169 males and 167 females. Of the patients discharged during the year 1867, were—cured, 127; much improved, 10; improved, 33; stationary, 45; died, 25. Of the deaths, 7 resulted from acute mania; 5 from organic disease of the brain; 2 from the exhaustion of chronic mania; 3 from pulmonary consumption; 1 from diarrhoea; one from hæmorrhage of the lungs; 1 from cancer; 1 from gangrene; and 3 from old age.

Selections and Medical Items.

NEURITIS.—Dr. Fayrer, Professor of Surgery in the Medical College at Calcutta, relates, in the *London Medical Times and Gazette*, the case of a native gentleman, aged 30, previously in good health, who had been confined to bed for three months by severe pain in the left hip. The pain had come on almost immediately after salivation for a venereal affection. Blisters and many remedies had been used without benefit. There was great pain in the course of the sciatic nerve in the gluteal region, especially at one point, where there was indistinct, deep-seated fluctuation, fulness and induration. A puncture was made with a long, narrow knife, and more than half an ounce of clear serum evacuated, followed by immediate and almost perfect relief. The patient walked about the room soon after, and in two days left Calcutta. A month later he was well and free from lameness. There was no other evidence of constitutional syphilis, and Dr. Fayrer considered the disease to have been simple inflammation of the neurilemma.

A NEW ANÆSTHETIC.—The *London Medical Times and Gazette*, referring to a recent lecture Dr. Richardson, says:—

Dr. R. produced a new anæsthetic, methylal, $C_3H_8O_2$. The boiling point of this fluid is 108° ; its specific gravity, .885. Its vapor density is 38, that of hydrogen being 1. In the last respect it approaches to ether, the vapor density of which is 37, that of bichloride of methylene being 42, and that of chloroform 59. Methylal also resembles ether in the fact that it darkens blood. A large pigeon was narcotized by this agent in four minutes. The sleep was very perfect, there were no convulsions, and the animal made a good recovery. Methylal, however, offers no advantages over bichloride of methylene, whilst, from its rapid evaporation, it would be of less value in actual practice than chloroform. Moreover, it is not so pleasant as either of the two last-mentioned agents.

PROLONGED DETENTION OF A LIVE INSECT IN THE EAR.—M. Guérin related at the Société de Chirurgie the case of a soldier who had been in Mexico, and who was admitted at the Hospital of Vannes with various complaints, and amongst others a facial neuralgia. Much attention was not paid to this last affection, until one morning the patient produced an insect which he said had just quitted his ear after a sojourn of seven months. While in Mexico, he was in the habit of lying on the bare earth in deserted barns, and it must have been there where the insect entered the ear. When he arrived at Brest, the pain in the organ being great, his ear was examined, but nothing was discovered. After the insect had quitted the ear, all pain left him. The insect was alive, and was pronounced to be an arachnida, the *Ixodes hominis* of Koch.—*London Med. Times & Gazette*.

We are glad to hear news that appears reliable concerning the safety of Dr. Livingstone. The party sent in search of him by the English Govern-

ment has returned, and reports that they went within a few miles of the place where he was reported to have been murdered, and satisfied themselves that he had proceeded a long distance beyond that point in safety. The men who reported his murder had deserted, and invented the story to shield themselves. Probably we shall soon hear of him on the Nile.

DR. HENRY S. CHASE, a surgeon-dentist in St. Louis, Mo., reports, in the *Dental Cosmos*, a case in which, a diseased bicuspid tooth being extracted, a pain immediately shot down the left arm, and complete anæsthesia of the whole limb, including the hand and fingers, followed, lasting about five minutes. There was no loss of motion.

MEDICAL DIARY OF THE WEEK.

MONDAY, 8, A.M., Massachusetts General Hospital, Med. Clinic; 9, A.M., Medical Lecture. 9, A.M., City Hospital, Ophthalmic Clinic.

TUESDAY, 9, A.M., City Hospital, Medical Clinic; 10, A.M., Medical Lecture. 9 to 11, A.M., Boston Dispensary. 10-11, A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, Massachusetts General Hospital, Surgical Clinic. 9, A.M., City Hospital, Ophthalmic Clinic. 9, A.M., Chelsea Marine Hospital.

THURSDAY, 8 and 9, A.M., Massachusetts Gen. Hospital, Medical Clinic and Lecture. 10-11, A.M., Massachusetts Eye and Ear Infirmary.

FRIDAY, 9, A.M., City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., OPERATIONS. 9 to 11, A.M., Boston Dispensary.

SATURDAY, 10, A.M., Massachusetts General Hospital, Surgical Visit; 11, A.M., OPERATIONS.

A Bulletin of Expected Operations, in both the Hospitals, will be found, weekly, at the office of the Boston Medical and Surgical Journal, and at Messrs. Codman & Shurtleff's, 13 and 15 Tremont Street.

TO CORRESPONDENTS.—Communications received:—Clinical Observations on Diabetes Mellitus.—Decolorized Tincture of Iodine.

Communications accepted:—On the Treatment of Rheumatism.—Critique on Stellwag von Carion.—A Case of Fracture of the Skull.—The Duration of Pregnancy.

Communications declined:—A Case of Malformed Fœtus.

BOOKS AND PAMPHLETS RECEIVED.—Fourth Annual Report of the Board of State Charities of Massachusetts, January, 1868.—Report of the Pennsylvania Hospital for the Insane, for the year 1867: Thomas S. Kirkbride, M.D., Physician.—Reports of the Trustees and Superintendent of the Butler Hospital for the Insane, January, 1868.—Papers from "The American Beaver." By W. W. Ely, M.D., Rochester, N. Y.—First General Announcement of the Cornell University.

DEATHS IN BOSTON for the week ending Saturday noon, February 16th, 1868, 91. Males, 48—Females, 43. Apoplexy, 3—asthma, 2—inflammation of the bowels, 2—congestion of the brain, 2—bronchitis, 4—cancer, 2—consumption, 21—convulsions, 1—croup, 2—debility, 3—diarrhœa, 1—diphtheria, 3—dropsy, 2—dropsy of the brain, 1—epilepsy, 1—scarlet fever, 3—typhoid fever, 6—disease of the heart, 2—hip disease, 1—infantile disease, 2—insanity, 1—intemperance, 1—disease of the kidneys, 1—disease of the liver, 1—inflammation of the lungs, 6—old age, 3—paralysis, 1—puerperal disease, 1—purpura hæmorrhagica, 1—suicide, 1—smallpox, 1—unknown, 7—whooping cough, 1.

Under 5 years of age, 24—between 5 and 20 years, 18—between 20 and 40 years, 22—between 40 and 60 years, 12—above 60 years, 15. Born in the United States, 60—Ireland, 23—other places, 8.

MEDICAL JOURNAL ADVERTISING SHEET.

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 The Forty-Eighth Annual Course of Lectures in the Medical School of Maine will commence February 20th, 1888, and continue sixteen weeks. The facilities for Medical Instruction in this School are yearly increasing. The New Medical College affords most ample accommodations for the School, and no efforts are spared in rendering every department of instruction as complete as possible.
 Circulars, containing full information, may be had by applying to the Secretary. **C. F. BRACKETT, M.D., Sec'y.**
Brunswick, Me., Oct., 1887. Jan10—11.

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CORYDON L. FORD, M.D., Prof. of Anatomy.
FOSTER SWIFT, M.D., Prof. of Obstetrics and Diseases of Women and Children.
 The Ninth Regular Term of Lectures will commence in the Hospital Buildings, cor. Henry and Pacific Streets, on the 1st of March, 1888, and end in July. For circulars, or information in relation to the College, address **T. L. MASON, M.D.**, President, 120 Jerusalem Street, **William H. Dudley, M.D.**, 201 Henry Street, or **C. L. MITCHELL, M.D.**, 77 Montague Street.
 Fees.—Professors Tickets, \$1.40. Matriculation, \$4. Dissection, \$10. Graduation, \$25. Hospital, free.
Nov.14—4Mh10

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 " Hypophosphites Lime.
 " Hypophosphites Iron.
 " Hypophosphites Manganese.
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Jan. 19, 1888. J25—tf

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 Materials for dissection are abundant, and furnished to students on as reasonable terms as at any similar institution in the country. A spacious Hospital has been opened nearly opposite the College, to which students are admitted free of charge.
 Clinical Lectures are delivered in the Hospital three days in the week. Surgical Cliniques are held regularly in the Hospital and College.

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S. OAKLEY VANDERPOOL, M.D., General Pathology and Clinical Medicine.
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Ap.11—4.

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Jy 18—4

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TWO PHYSICIANS.—His attempts to extend a more advanced knowledge of his specialty to physicians already in practice having been so favorably commented upon by those of the profession who have attended the previous courses, and by the medical press, Prof. HORATIO E. STORER will deliver his third private course of twelve lectures upon the *Treatment of the Surgical Diseases of Women* during the first fortnight of June, at his rooms in Boston.

Fee \$50; and Diploma required to be shown. Certificates of attendance upon the courses already completed have been issued to the following gentlemen: Drs. J. B. Walker, Union, Me.; Alexander J. Stone, Augusta, Me.; Daniel Mann, Pelham, N.H.; Augustus Harris, Colebrook, N.H.; J. W. Parsons, Portsmouth, N.H.; E. F. Upham, W. Randolph, Vt.; G. E. Bullard, Blackstone, Mass.; J. A. McDougough, Boston, Mass.; J. G. Pinkham, Cambridge, Mass.; James Coolidge, Athol, Mass.; Thomas G. Potter, Providence, R. I.; C. M. Carleton, Norwich, Ct.; I. Farrar, Hartford, Ct.; M. O. Talbot, Warren, Pa.; H. Gerould, Erie, Pa.; W. W. Bancroft, Granville, Ohio; A. I. Beach, Bellville, Ohio; Henry E. Paine, Dixon, Ill.; W. L. Wells, Howell, Mich.; and W. A. L. Case, Hamilton, O. W.

Hotel Pelham, Boston, Jan. 1888.

t.

QUIZ CLASS IN MIDWIFERY.—Dr. ALEXANDER J. STONE, Assistant in practice to Prof. H. E. Storer, will drill students for their final examinations in Midwifery, meeting the class either two or three evenings weekly during the college course.

Hotel Pelham, 16 Oct., 1887.

Oct—t.

TEACHING FROM THE CHAIR AND AT THE BED-SIDE.—An Introductory Lecture delivered before the Medical Class of Harvard University, November 6, 1887, by OLIVER WENDELL HOLMES, M.D., Parkman Professor of Anatomy and Physiology. Printed at the request of the class.

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Whole No. 2087. } THURSDAY, FEBRUARY 27, 1868. { New Series,
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THURSDAY, FEBRUARY 27, 1868.

[Vol. I.—No. 4.]

Original Communications.

ON BROMIDE OF POTASSIUM, AS COUNTERACTING THE NAUSEA ATTENDING ETHERIZATION.

By ALEX. J. STONE, M.D., Assistant in Practice to Prof. HORATIO R. STORER, of Boston.

In bringing before the profession an important and apparently new property of the bromide of potassium, it was at first my intention to present some details of its history, and its physiological effects upon man and beast; but I have before me the *Richmond Medical Journal* for January, 1868, in which there is an article by Dr. A. M. Fauntleroy, so able and comprehensive as to render any general remarks by myself quite unnecessary. I therefore shall confine myself to an exposition of its use in the relief of the nausea and other disagreeable effects attendant upon the inhalation of ether. As will be seen by reference to Case I. of those that I give, I owe whatever credit may attain from this discovery to Prof. H. R. Storer, who suggested it to me, and under whose advice I have worked the matter up.

There may be those who are unaware of the large percentage of cases in which there is great functional derangement of the stomach after anesthesia. My friend Joseph Hale, House-surgeon at the Massachusetts General Hospital, informs me that at that institution the nausea is invariable after the inhalation of ether, while nine tenths of the patients vomit freely. The results at Bellevue and Charity Hospitals of New York are ascertained to be the same. Prof. N. H. Pancoast, of Philadelphia, in a conversation which I had with him last winter, bore testimony to the same facts in his own city, and surgeons everywhere have recognized it as the great objection to the use of ether as an anæsthetic. In fact, its extreme disagreeableness in this respect (which the more pleasant chloroform to a certain extent shares) to both the patient and physician, has been the motive which induced the indefatigable Richardson to urge upon the

profession the employment of local rather than general anæsthesia, and in case the latter is resorted to, the use of tetrachloride of carbon and bichloride of methylin in preference to other agents. These unpleasant effects have, I fear, frequently rendered the attending physician guilty of inexcusable neglect in the non-administration of an anæsthetic to the woman in travail, and, I doubt not, too often caused the employment of that more dangerous drug chloroform, in general and minor surgery, and in dentistry, with a consequent loss of many valuable lives.

I had at first some little hesitation lest I might be presenting as new an idea that had already been tested by experiment. I thought that if the subject had ever been broached, Prof. C. E. Brown-Séquard, to whom is undoubtedly due all the credit of bringing the drug into popular use; Prof. Edward H. Clarke, of the chair of Materia Medica in the Harvard Medical School; Dr. James R. Nichols, from his extensive relations with the medical profession as a manufacturing chemist; or Prof. Austin Flint, Jr., so well known as a physiologist, would have heard of it. I accordingly wrote to the above-named gentlemen, and quote from their respective answers.

Prof. Brown-Séquard says:—"I do not know positively whether the bromide of potassium has or has not been employed against nausea. I do not think it has been used to that end, and I doubt that it would often prove efficacious."

It will be noticed that here the doubt is expressed as to its efficacy "against nausea." I do not claim that it will relieve the nausea dependent upon an irritation, mechanical or otherwise, *within* the stomach; but that, through its action upon the base of the brain, the posterior columns of the spinal cord and accessory nerves, it may control certain nauseas of the stomach arising from sympathy, as in the instance where ether is conveyed to the nervous system through the lungs. Whether it may, in the same manner, control reflex nausea in the case of sea-sickness or pregnancy, are questions yet to be solved.

[WHOLE No. 2087.]

VOL. I.—No. 4.

Prof. Clarke writes as follows:—"From the ascertained physiological action of the bromide on the brain, it would be fair to infer that it might control the nausea attendant on the inhalation of ether, but I am not aware that any one has yet used it for that purpose."

From the letter of Dr. James R. Nichols, I take this extract:—"I have never known of the bromide of potassium being used for the relief of the nausea attendant upon the inhalation of ether. I think that with our extended personal intercourse and correspondence with physicians in all sections, we should have learned of its employment for the purposes stated had it been so employed."

Prof. Flint very kindly looked the matter up, and writes:—"I have never heard of bromide of potassium as a remedy for the nausea consequent upon the administration of ether. I delayed a day or two in replying to your note, in order to make inquiries among those whom I thought would be likely to have heard of such a thing, if it was done in New York, but I have not seen any one who has ever used the remedy in question in such cases."

To fix my point certainly, I have carefully reviewed, so far as I have been able, the medical journals of this country, and the more prominent ones of Europe, and, though I find the drug frequently spoken of, and many hints thrown out as to its use and abuse, I have never, even in the exhaustive treatise of Dr. Fauntleroy, above mentioned, found any hint which would lead one to the use now indicated. In presenting the following cases, I have borne in mind the doubtfulness of statistics, a doubtfulness so plainly shown in the variance between the experience of Dr. Johnson, of Boston, lately reported in the *Boston Medical and Surgical Journal*,* and my own. Dr. J. states that, in the past seven years, he has given it (the bromide) in more than a hundred cases, and in many (quoting cases) he has seen very peculiar results. In Prof. Storer's practice I have, within the past four months, been obliged to prescribe it for various symptoms attending uterine disease, such as insomnia, hysteria, epilepsy, and other forms of mental and nervous derangement, more than one hundred and fifty times, speaking within bounds, and with the single exception of the resulting acnoid eruption, which passes away voluntarily when the medicine is discontinued, I have been so fortunate as not to have seen any

ill result, while Dr. Johnson, in his smaller series of cases, reports having seen several. Dr. Storer has been led, by advice from Dr. Brown-Séquard, to exhibit it in larger doses than is ordinarily given; his ordinary prescription being potassii bromidi ℥i. in ch. No. xij., though in different cases the dose will vary from thirty to ninety grains. In case it is to be given after the use of ether, I would recommend the exhibition of either thirty or forty grains every thirty, forty-five or sixty minutes, as may be found advisable. It might seem that a remedy apparently so efficacious in checking the nausea, would act well as a prophylactic, and in one case I tried it with most pleasing results (or coincidence?). It has been my endeavor to have my patients as nearly resembling one another in hygienic condition as possible; always, when able, having ordered the patient to make the meal last preceding the etherization as light as possible, that the anæsthetic might be given upon an almost empty stomach. The operations have all been performed at about the same time of day, i. e. from 10, A.M., to 3, P.M. I have neglected to give the bromide, either as a prophylactic or remedy, in Dr. Storer's cases of section for ovarian tumor, or in other serious operations, since I have been with him, being unwilling to add to the already sufficiently great risks of the operation, those of the possible unfavorable symptoms resulting from the use of the drug, as described by Dr. Johnson, either of which might turn the scale against the patient. I am inclined to think, however, from the results of a somewhat extended series of experiments made with this drug by Dr. Storer upon himself, and communicated to me, that there is little or no risk of gastric, nervous or other irritation from its use, even in doses that might seem enormous, provided the bromide is exhibited in at least twice the amount of water required to dissolve it.

There are many points of value and interest which have arrested my attention in witnessing Dr. Storer's manner of exhibiting ether, and of preparing the patient for it, in his almost daily employment of anæsthesia for operations, and it seems to me that the general practice of surgeons could be radically changed for the better. I may at some future time speak of this point at length.

The following instances will be found illustrative of the effects I have described from the use of bromide of potassium. As will be perceived, they are not selected cases.

* Loc. cit., January 16, 1868.

CASE I.—Wednesday, October 9th, 1867. Miss —, of Utica, N. Y., 21 years of age. Never taken ether. After applications of potassa fusa a year since, by a well-known surgeon, quite firm bands of adhesion had been formed from the anterior and left side of the cervix to the vaginal wall, which bands held the uterus in a lateral retroversion. To right the womb, and relieve the patient of the disagreeable symptoms usually attendant, Prof. Storer decided to sever these bands. Accordingly, I administered the ether in about fifteen minutes, and the operation was quickly performed, with Atlee's guarded knife. After the operation, Dr. Storer requested me to prescribe potassii bromidi $\mathfrak{zss}$. in ch. No. vi., one powder to be taken hourly, commencing when there was sufficient reaction from the ether, with the hope of quieting her nervous, hysterical state. She took the first powder at 4, P.M. When I saw her in the evening, she had taken the six prescribed, and, to my surprise, told me that she had experienced no nausea since taking the first, and requested permission to drink a cup of tea. On seeing her the following morning with Prof. Storer, he connected the non-appearance of the almost invariable symptom with the exhibition of the drug, and advised me "to work up the point carefully, as it might prove of some importance."

CASE II.—Thursday, Oct. 10th. Mrs. —, of Cambridge, æt. 43. Never taken ether. Was very nervous, and usually easily nauseated. Ate a light breakfast. I occupied some fifteen minutes in the etherization. Prof. Storer then evacuated a large cyst of one of the labia. The cyst having been laid open by a free incision, its wall was dissected up, and the wound kept open by a cotton tent, with the hope of getting union from the bottom, and thus an obliteration of the sac. The ether was then removed, about forty-five minutes after its first inhalation, and the patient allowed to regain sensibility. In about half an hour, she had partially reacted, and though somewhat delirious, complained of great nausea and a desire to vomit. I gave thirty grains of the bromide dissolved in half a tumbler of water, and repeated the same in half an hour. I then left, with orders to give her two powders (aa gr. xxx.) during the evening, with narceine gr. $\frac{1}{4}$. There was no vomiting, and no farther complaint of nausea.

CASE III.—Friday, Oct. 11th. Miss G., of Illinois, æt. 20. Never taken ether. Had eaten a hearty breakfast. Not easily nauseated. Extremely nervous. Etherization occupied ten minutes. Dr. Storer then removed

several fringes or outgrowths from the vulva, also two external hæmorrhoids, and ruptured the sphincter ani for the cure of a small fissure or linear ulcer. The ether was removed in about thirty minutes. Her uncle, a physician, being present, I requested him to give the bromide in thirty-grain doses hourly, three times. He kindly consented to do so, and, in answer to my inquiries that evening, reported that she had felt some nausea, but did not vomit.

CASE IV.—Friday, Oct. 18th. Mrs. L., Roxbury, æt. —. Had never taken ether. Ate a light breakfast. Very nervous. Etherized her thoroughly in twenty minutes. Prof. Storer performed hysterotomy for the relief of sterility. A flexible block-tin bougie having been left in the cervical canal and the vagina plugged, the ether was removed, and in half an hour thirty grains of the potassium administered, being repeated twice at intervals of forty-five minutes. The nausea, which was at first felt, was entirely relieved.

CASE V.—Friday, Oct. 25th. Mrs. P. A., of Brooklyn, N. Y. Had taken ether twice, each time with great hysteria, much nausea and vomiting. Etherization commenced at 11, A.M. She was rendered completely insensible in fifteen minutes. Prof. Storer then removed three large external hæmorrhoids by the ecraseur, and two or three smaller internal ones with scissors; also ruptured the sphincter ani, to prevent the great tenesmus usual after the operation, and the possibility of concealed hæmorrhage. She was kept fully etherized about an hour, during which time she vomited once. About twenty minutes after the removal of the ether, I gave her bromide of potassium, gr. xl., dissolved in about two ounces of water, and morph. sulph. gr. $\frac{1}{4}$ every half hour, till sleep was finally attained after the exhibition of morphia gr. i. There was no vomiting, though slight nausea, after the exhibition of the potassium.

CASE VI.—Saturday, Oct. 26th.—Miss —, Northboro', æt. 28. Had never taken ether. Gave it at 10.15 A.M. She was completely under the anæsthetic in ten minutes. Dr. Storer then operated for sharp, double anteflexion, by Emmet's method, slitting up the cervix posteriorly with scissors, and cutting the sharp flexion anteriorly with Emmet's universally jointed knife. The operation was completed, and the ether removed in thirty minutes. A few minutes afterwards, I gave the patient twenty grains of the bromide and left her. There was vomiting two or three times.

CASE VII.—Saturday, Oct. 26. Miss

Mary B—, Boston, æt. 40. Never taken ether. Eaten lightly. Very nervous. Ether given, and vulval fringes removed by Dr. Storer, to check the hæmorrhage from which, one of Sims's glass dilators was introduced. Gave eighty grains in three hours. There was great nausea which was decidedly relieved, and no vomiting.

CASE VIII.—Tuesday, Nov. 5. Miss M. H., Chicago, æt. 22. Never taken ether; occupied twenty minutes in administering it. Prof. S. then incised an occluded hymen, for the purpose of making a vaginal examination, the patient having been unsuccessfully treated by general measures at the hands of other physicians. The ether was taken away at the expiration of thirty minutes. Free emesis at once. As soon as she was able to swallow readily, forty grains of the bromide was given in an ounce of water, and immediately thrown from the stomach. In half an hour, forty-five grains were given in about two ounces of water, and rejected at once. In an hour, sixty grains were given in two ounces of water; this the stomach retained about fifteen minutes, and then threw up. The bromide was then discontinued, and the various ordinary remedies resorted to. Carbolic acid in two-drop doses (sat. sol.), pieces of ice by the mouth, ether by mouth in drachm doses, ice at the epigastrium and sacrum, and all without avail, the extreme nausea continuing till the next forenoon. A double rocker pessary (Hodge) was introduced for retroversion, and the patient, who had not left her room before for four months, with but two exceptions, walked with ease a half mile and back, passing three flights of hotel stairs, on the tenth day after the operation.

CASE IX.—Friday, Nov. 8th. Mrs. E. B., of North Adams, æt. 26. Had taken ether several times, with invariable emesis. Gave the ether at about 11 o'clock, A.M., occupying some fifteen minutes. Prof. Storer operated for vaginismus (Sims's operation) by a Y-shaped incision on the floor of the vagina. A large glass dilator was introduced, to prevent the severed nerves from re-uniting. On regaining sensibility, she vomited once. Gave thirty grains in half a tumbler of water, which was also rejected. Gave thirty grains in a tablespoonful of water, with two drops of creasote; this the stomach retained one hour and then rejected. I repeated the same in half an hour and the stomach retained it, though the patient slept but little through the night, and complained much of nausea.

CASE X.—Saturday, Nov. 9th. The same.

The removal of the dilator and its attempted replacement were attended with so much acute pain, that at the patient's earnest request I administered ether for the accomplishment of the latter. As soon as she could swallow easily, I gave sixty grains of the bromide, followed in an hour by thirty grains. No vomiting, but slight nausea.

CASE XI.—Sunday, Nov. 10th. Same. For replacement of the glass. Still very nervous. I occupied some thirty minutes in giving the ether. Gave ninety grains of bromide of potassium in divided doses, in three hours. Some nausea at first; no vomiting. The drug seemed to relieve the nausea quickly, and she ate a hearty dinner four hours afterwards.

CASE XII.—Monday, Nov. 11th. Same. The patient took voluntarily, without advice, one powder of thirty grains, some thirty minutes before taking the ether. Gave her thirty grains soon after removing the ether. No nausea.

CASE XIII.—Same. Had eaten a hearty meat dinner. I gave the ether some two hours after the meal. Gave ninety grains of the potassium, with narceine gr. i., in divided doses, in one hour and a half, and followed with narceine gr. ij. in ch. No. viij., one every half hour in a teaspoonful of water. No nausea, save very slightly at first.

CASE XIV.—Saturday, Nov. 16th. Same. Gave ninety grains of the bromide in three hours, with relief of the nausea; no vomiting.

CASE XV.—Thursday, Nov. 21st. Mrs. P., of Milford, æt. 30. Had taken ether before. Gave it in about ten minutes. Prof. S. opened and discharged a labial cyst of some twelve years standing, dissecting out the cyst wall and applying the actual cautery. Kept her under the ether half an hour. Vomited once, freely, during the operation. Gave thirty grains of the potassium in about two ounces of water. Repeated three times, at intervals of an hour. No more vomiting, and but slight nausea.

CASE XVI.—Monday, Nov. 25th. Mr. J., of Boston, æt. 18. Had never taken ether. Had eaten heartily about an hour and a half before coming to the office. I gave the ether in about twenty minutes, and then operated for phymosis, cutting with my "blind knife" the constricted bands of the prepuce, dividing through the mucous surface only, and leaving the integument entire. He vomited severely during the operation. Gave about fifty

grains of the bromide, with arrest of the vomiting, and, within an hour, of the nausea.

CASE XVII.—Thursday, Nov. 28th. Mr. T. C. S., of Boston, æt. 17. Never taken ether. Ate no breakfast. Gave ether in seventeen minutes. Cut down over the first metacarpal bone, and continued my incision subcutaneously over the surface of the trapezium, evacuating about half an ounce of laudable pus. Vomited freely during the operation. Gave thirty grains of the potassium, and repeated in half an hour. No more vomiting. Ate a hearty supper.

CASE XVIII.—Friday, Dec. 6th. (Case II.) Mrs. G., of Cambridge. Gave ether at 10.50, A.M., occupying about twenty minutes. Prof. Storer commenced the operation for artificial perinæum at 11.50, performing it in a new manner, using no superficial stitches, but bringing the extremities of the wire trusses, to which his deep metallic sutures were applied, together in such a way as to closely approximate the lips of the wound. Vomited freely during the operation. Gave bromide in forty-grain doses half hourly, for three doses, and then hourly till six o'clock. Complained some of nausea, but no more vomiting.

CASE XIX.—Tuesday, Dec. 3d. Miss S., Boston, æt. 42. Had taken ether twice before, with great nausea attendant. Spurious anchylosis of right shoulder, dependent upon uterine disease. Occupied about twenty minutes in the etherization, and maintained its influence for half an hour. The shoulder was found to move very freely. As I removed the ether, there was free emesis. Had eaten a hearty breakfast. Gave forty grains in an ounce of water without relief; a second dose had the desired effect, and she rode home from the office in an hour and a half.

CASE XX.—Thursday, Dec. 12th. Miss —, of Montpelier, Vt., æt. 20. Had taken ether two or three times previously, with invariable emesis. She yielded to its influence in about fifteen minutes, and Prof. S. incised freely an occluded hymen. I maintained its influence about twenty minutes. Soon after reaction was established, I gave thirty grains, and repeated six times at intervals of half an hour. At first there was great nausea, no vomiting. The former yielded in about an hour and a half, and at 5 o'clock the patient ate a hearty dinner, retaining the same on the stomach without nausea. Took, voluntarily, thirty grains at 9 o'clock, and had a quiet night.

CASE XXI.—Thursday, Dec. 26th. Mrs. M., of New York. Gave the ether in ten minutes. Prof. S. removed some hæmorrhoids, leaving one in the hope that the contraction following the operation might render its removal unnecessary. Removed the anæsthetic in ten minutes. Prescribed potass. bromide, $\mathfrak{z}\text{ij}$. in ch. No. iij., one every half hour. Some nausea, no vomiting.

CASE XXII.—Friday, Dec. 20th. (Case XIX.) Miss S., of Boston. Gave the ether again, having Dr. Francis C. Ropes and Prof. J. G. Pinkham in consultation, with reference to the condition of the shoulder. Vomited while in profound anæsthesia; during the reaction, I gave ninety grains, in divided doses, within an hour and a half. No more emesis. Was able to ride home from office with comfort.

CASE XXIII.—Thursday, Dec. 26th. Mrs. F., of Taunton, æt. 56. Never taken ether. Had eaten a hearty dinner. Occupied twenty minutes in producing anæsthesia. Opened a whitlow on the last phalanx of the first digit. Gave thirty-grain doses every hour (150 grs.). Some slight nausea, no vomiting.

CASE XXIV.—Monday, Dec. 30th. Mrs. D., of New Bedford, æt. 45. Never taken ether. Was etherized in ten minutes. Prof. Storer removed some hæmorrhoids, rupturing the sphincter ani, and applied ferri perchl. Ordered pot. br. $\mathfrak{z}\text{i}$. in ch. No. xij. One powder every half hour till the stomach became quiet. Called again in the evening, and found that she had taken two of the powders, but disliking their taste had discontinued them. No vomiting, though some nausea.

CASE XXV.—Monday, Dec. 30th. (Case XXIII.) Mrs. F., of Taunton. Gave ether in about fifteen minutes, and removed a small portion of the last phalanx of thumb, which was slightly carious, and with a tenotomy knife extended my former incision subcutaneously to the palmar fascia. Also incised by the side of the nail, hoping thereby to save its matrix. She came out of the ether with considerable hysteria, and at first refused to take the medicine. In the course of half an hour, I had persuaded her to take forty grains dissolved in half a cup of water, and repeated in half an hour. Here the bromide acted as a very powerful sedative, the patient falling asleep immediately after the last dose, and sleeping quietly for more than four hours, waking up as though from a natural sleep, with none of the disagreeable effects of the ether, save its taste, which remained in the

mouth. I gave, with a lemon, two drops of a saturated solution of carbolic acid, with the effect of relieving the taste. Took a light supper of tea and toast, and one more powder (40 grs.) on retiring. Slept quietly. In the night, awoke with a feeling of weight at the epigastrium and nausea. Voluntarily took one powder, and at 10 ate a light breakfast (in bed). At 2, P.M., ate quite a hearty dinner.

CASE XXVI.—Sunday, Jan. 12th, 1868. Mrs. S. P. A., of Brookline, æt. 29. Never taken ether. Ate a good breakfast, not expecting the operation. Occupied about fifteen minutes in giving the ether. Prof. Storer then removed a small fibroid tumor from the anterior wall of the cervix, and applied both ferri perchl. and the actual cautery. I then packed the vagina, and ordered potassii bromidi $\mathfrak{z}$ i. in ch. No. x. Three powders to be taken in an hour and a half, and one every half hour afterward, if required. Before the administration of the drug, there was much nausea and vomiting, which the first powder seemed to allay. Ate a light supper, and slept quietly.

CASE XXVII.—Thursday, January 16th. (Case XXI.) Mrs. M., of New York. Very hysterical. Occupied some fifteen minutes in giving the ether. Prof. Storer removed a hæmorrhoid which he had allowed to remain at a former operation, but which was now occasioning discomfort. She vomited during the operation. I gave her forty-five grains of the bromide in a sherry-glass of water, and in a few minutes, to use her own expression, she "felt much easier."

CASE XXVIII.—Saturday, January 25th. Mrs. C. F. N., æt. —. Had taken ether several times. Was very nervous and hysterical. Occupied some fifteen minutes in etherizing her. Dr. Storer removed some outgrowths around the urethra and vulva, and several hæmorrhoids, and ruptured the sphincter ani. She came out of the ether very slowly, with great nausea and vomiting. Took ninety grains in an hour, with decided relief.

CASE XXIX.—Thursday, January 30th. Mrs. Anna W., of Roxbury. Had taken ether several times. Gave it in about fifteen minutes. Dr. Storer then removed some metallic wires which were purposely left after an operation a year since, for ruptured perinæum, to act as splints. On sufficient reaction, she took forty grains of the bromide, with a cessation of the nausea. By accident, she was overlooked, and in about two hours the nausea returned so severely that she vomited twice. A second dose of forty grains quieted the

stomach, and a third dose brought a quiet sleep.

CASE XXX.—Sunday, Feb. 2d. Miss Kate W., of Chelsea. Had taken ether and chloroform, equal parts, once. Gave the ether in twenty minutes, and without occasioning hysteria. Prof. Storer removed some irritable fringes from the vulva. Removed the ether in twenty minutes. Some vomiting while in profound anæsthesia. Bromide of potassium, thirty grains, seemed to quiet the nausea without a repetition of the dose.

The drug which we have been considering is of such universal interest, that I believe there are many who would like to review such articles as have been written upon it. I here append a list of those articles and notices that I have found most valuable, viz.:—*London Lancet*, Jan. 23, 1860, May 28, 1864; *Le Mouvement Médical*, Paris, Août, 1867; *Journal de Med. Mentale*, Paris, No. 5, Juin, 1867; *Revue de Thérapeutique Med. et Chir.*, Paris, Juin 15, 1867; *Bulletin de Thérapeutique*, Août, 1866; *Comptes Rendus*, Ans 65–67; *Pereira's Materia Medica and Therapeutics*, 1852. *American Journal of the Medical Sciences*, January, 1855; April, 1855; January, 1867; July, 1867; October, 1867.

Hospital Reports.

BOSTON DISPENSARY.

Surgical Cases at the Office of the Boston Dispensary, by FRANCIS H. BROWN, M.D., one of the Attending Surgeons.

THE Seventy-first Annual Report of the Boston Dispensary which has recently appeared, has called attention once more to this long and well known institution—a charity well known not only as numbering among its working men for the past seventy-one years very many of New England's distinguished physicians, but as having furnished, in a quiet way, to thousands and hundreds of thousands of the worthy poor of our community the medical aid which their poverty forbids them to seek elsewhere. The fact that, in the year ending October 1st, 1867, nearly twenty-four thousand persons received assistance through the instrumentality of the Dispensary, is suggestive of the amount of good which it is yearly conferring on the poor, a benefit which the officers of the institution are constantly regretting cannot, on account of the limited means at their command, be more widely extended. The Dispensary

is constantly feeling its poverty when the medical officers in attendance are obliged to forego the advantage they know the patient would receive from an occasional warm bath; when obliged to advise a patient to obtain a truss or other apparatus, knowing his inability to pay for it; when, notwithstanding the generous and skilful care offered at the hospitals, of our city, they feel the want of a few beds in their own house and *at their own disposal* for acute cases or those just operated on—and so in a score of ways, one of our really valuable charities is trammelled.

It is not alone in the way of rendering medical and surgical aid that the Dispensary is doing good. The numbers of students who, several times in each week, come to the central office, are a proof that those just entering the profession are not only desirous of seeing the larger and perhaps more brilliant work of the hospitals, but of profiting by the minor cases which will soon be to them their *every day* work.

For the period between December 26th, 1867, and February 1st, 1868, five hundred and thirty-six new patients were treated in the surgical department of the central office, thirty-six of which were ophthalmic cases, and were cared for by Dr. Wadsworth. Of the remainder many presented, in one way or another, interesting points.

There were sixteen fractures of bones; viz.—nasal bones, one; clavicle, two; at elbow, three; radius, five (Colles's fracture, four—Barton's, one); metacarpal bones, five. The result in all these cases was excellent. The fractures of the radius were treated by the common straight splints alone, and in every case union took place with but little apparent deformity. Eight cases of cervical abscess and fifteen cases of paronychia came under treatment. The latter were generally treated by early and very free incisions, with the success which usually attends such a method. Thirty-two cases of disease of the ear were seen, most of which, by appropriate treatment, received more or less benefit, while some remain under care.

Two cases of the somewhat infrequent inflammation of the sheath of the tendons, which M. Nélaton describes under the name *crépitation douloureuse des tendons*,* presented themselves, with the crepitation finely marked.

The following cases are briefly reported:—H. McD., female, eight years old, was brought to the office by her mother, with

complaint of lameness. She had a light skin, reddish hair, and other marks of a strumous diathesis. She had never received any injury to the limb, or had at any time fallen, neither had she at any time had any acute symptoms. The mother had first noticed the halt in her gait on the right side some months before; it had gradually increased to the present time. She had experienced no pain in the limb, and only presented herself to be relieved of an inconvenience and a deformity. On careful examination of the hip I found the head of the bone in its normal place in the acetabulum, and moving smoothly and without pain. The usual methods of ascertaining inflammatory disease of the hip-joint did not elicit any pain. The pelvis was tilted as a means of compensation to make the foot reach the ground, but on causing the patient to lie down and restoring the natural level, the distortion of the nates and of the groin consequent on the tilting disappeared. On examining the shaft of the femur and the lower extremity no callus could be felt, which would point to any injury of the bone; the shaft was, however, considerably smaller than its fellow. The articulation at the knee appeared normal. On carefully measuring, however, from the greater trochanter to the knee-joint, a shortening of two inches was found in the shaft of the bone, thus showing a uni-lateral arrest of development in the shaft of the femur—or rather, adopting the term employed by Paget, simply arrest of growth.

Two cases of dislocation of the humerus were interesting as being unusually difficult of diagnosis—indeed they were both brought in by District Physicians for consultation. B. B., male, forty-two years old, had fallen from a height of three or four feet some days before, and had brought the top of his right shoulder violently in contact with a wall. He had been unable to use his arm from that time, was unable to raise it, though he could approximate the elbow to the side; had no pain. He had applied to an irregular physician, who told him he had broken one of the "strings" of the shoulder. When he reached the Dispensary the œdema about the shoulder was so enormous that the usual signs of dislocation were unavailing; the depression beneath the acromion process could not be made out, nor the head of the bone in the axilla—however, on raising the elbow to a level with the shoulder, and passing the hand firmly along the humerus toward the articulation, it "brought up" against the glenoid cavity

* *Éléments de Pathologie Chirurgicale*, par A. Nélaton. Paris, 1868.

and the acromion process, and, moreover, the elevation of the arm took the head of the bone from the axillary plexus of nerves and removed the uncomfortable sensation the patient had experienced in the hand. With the heel in the axilla, the bone was very easily restored to its place.

A woman, about thirty-five years old, was brought in, who, five weeks before, had fallen and received a violent blow on her left shoulder. A slight depression existed under the acromion; the head of the bone was not felt in the axilla. No sign of fracture about the joint appeared—union might, however, have taken place and so masked the diagnosis. On raising the arm I got the same indication as in the previous case, and on adopting the same treatment, notwithstanding the long continued dislocation, the head of the bone returned to its place with a snap, and the shoulder regained its normal contour.

These cases are interesting in connection with those reported by Dr. Ropes in the Journal of the 6th February. In the second case especially, I was at first puzzled by a considerable atrophy of the deltoid, caused, as Dr. Ropes suggests, by the stretching of the muscle and consequent injury to those branches of the circumflex nerve which supply the deltoid. I have constantly noticed the temporary paralysis of this nerve in injuries to the shoulder consequent on a blow—a condition to a certain extent negating a symptom sometimes mentioned as diagnostic of dislocation, the inability to raise the injured arm.

BOSTON CITY HOSPITAL.

Reported by O. F. WADSWORTH, M.D.

CASE I.—*Inflammation of the Globe of the Eye and Ocular Capsule, following Accouchement.* (Service of Dr. WILLIAMS.) Mrs. —, aged 30 years, was attacked, two weeks after confinement, with intense pain in and about the left eye, accompanied by much tumefaction of the tissues of the orbit and lids. When first seen, about a fortnight later, the pain and swelling were in part relieved, but the effect of the previous distention was still evident in the flabby condition of the skin of the lids. The conjunctiva was thickened and highly vascular, pouring forth an abundant mucopurulent secretion, and between the insertions of the external and inferior recti muscles a purulent secretion existed under the conjunctiva, which had probably made its way forward from the posterior part of the

fibrous capsule in which the eye revolves. Vision was entirely extinct. The interior of the globe showed deep-seated opacity, resembling that sometimes observed in cases of cerebro-spinal meningitis, and this opacity, seemingly due to an effusion of morbid products upon the choroid and retina, extruded itself through the vitreous nearly to the lens, and along the posterior surface of the iris to the pupillary margin, causing adhesions to the anterior surface of the crystalline. She gave no very distinct account of the treatment which had been followed. Only palliative treatment could now be of any avail.

CASE II.—*Traumatic Injury of Right Eye with continued presence of a Foreign Body.* (Service of Dr. WILLIAMS.) —, a boy of 16, was struck in the right eye by a piece of percussion cap six years since, but, except very transient symptoms soon after the injury, the eye has remained quiet.

On examination, the iris is tremulous, the lens having evidently been absorbed, and only the capsule remains behind the field of the pupil. In addition to the scar in the cornea, there is a ragged hole in the iris, and another behind this in the capsule, indicating the course taken by the projectile. Pressure upon the upper part of the globe causes pain, and it is probable that the foreign body, which has evidently penetrated to the fundus, is lodged in this vicinity. Vision is limited to a perception of colors. No operation is advised while the globe remains free from active symptoms.

The first of these cases is a good example of the suppurative choroiditis, or panophthalmitis, which not infrequently occurs in pyæmia, cerebro-spinal meningitis, puerperal and other malignant fevers. Although, owing to the late date at which the patient was seen, retrogression of the disease having already commenced, all the symptoms of its access are not given, yet we have the most important and most constant symptoms here, viz., the pain in and about the eye, the swelling of the lids and orbital tissues, iritis and posterior synechia, and the early loss of sight, with yellowish reflex at the bottom of the eye. The increased tension of the eyeball which accompanies the suppurative inflammation at first, whether the pus is within the globe or in the capsule, had here disappeared, owing to the escape of a portion of the pus.

Prof. Knapp, of Heidelberg, gives, in the *Archiv für Ophthalmologie*, Bd. xiii. Abt. i., a report of three eyes affected with this disease, coming on during puerperal fever,

where the death of the two patients to whom the eyes belonged gave opportunity for accurate examination of their condition. In both these cases there were thrombi in some of the vessels, and metastatic deposits in various parts of the body. Prof. Knapp considers that the affection of the eye in these cases was excited by embolia in the capillaries of the choroid. Other authorities believe also in the propagation of inflammation of the meninges of the brain along the sheath of the optic nerve. In none of Prof. Knapp's cases was the cornea involved, while in one or more of them all the other tissues of the eye shared in the purulent degeneration. In all, the choroid, as was to be expected from its great vascularity, was most involved; pus was found in all the layers of the retina; it was separated from the choroid and pushed forward, and in one eye formation of pus had commenced in the fibres of the crystalline lens. In only one of these eyes was there perforation, and escape of part of its contents, and in that one the perforation was through the sclerotic behind its equator; at the time of escape of the pus from the eye, the opening through which it came was not discovered, and only at the autopsy was it found. The escape of the cornea from injury in this disease must, however, be considered as contrary to the rule when the inflammatory action proceeds so far as to cause perforation of the globe, the pus generally finding its way through it instead of the sclerotic.

The second case is interesting as showing the possible toleration by the eye of the presence of a foreign body for a long time. Wecker reported a case in the *Gazette des Hôpitaux*, Aug. 7th, 1866, in which a piece of stone remained sticking in the anterior capsule of the lens for fourteen years without giving rise to farther trouble than partial loss of sight; a portion of the lens even remained transparent. A case occurred, also, recently in Dr. Williams's practice, in which a piece of steel having entered the eye, gave rise to no disturbance for fifteen years, but at the end of that time excited inflammation of one eye and sympathetic ophthalmia of the other, only relieved by enucleation of the injured eye and removal of the cause. This last case shows that though a foreign body may remain in the eye for a series of years without exciting inflammation, we are never safe in predicting the continuance of quiet; a cause being always present, inflammation of the injured eye and sympathetic ophthalmia of its fellow may occur at any period, however remote,

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and we should warn the patient to be always on the watch for the first symptoms of any disturbance.

Operations for the Month of January. Service of Dr. WILLIAMS. Reported by M. F. GAVIN, M.D.

1. *Cataract (Hard) Right and Left Eye.*—S. M. K., aged 74 years, single, born in Maine, entered the Hospital Jan. 4th, 1868. No hereditary tendency to cataract. Can distinguish light, but no more. Eyes appear healthy, with exception of lenses, which are of a dark amber hue. Pupils dilate with atropia.

Jan. 4th.—*Operation.* Etherized; downward section; capsule divided, and lenses removed without complication, leaving pupils free from all obstruction. Fine suture was used to bring edges of corneal wound in apposition. Compressive bandage.

11th. Left wound shows more inclination to unite; haziness about the same; suture removed.

14th. Patient began to show decided symptoms of debility, and requested to be allowed to go to her friends in Boston when she could return as out-patient. Was discharged, with the following record. Right pupil filled with yellowish deposit, but iris looking well in both eyes; vision not tested.

2. *Hard Cataract of Right Eye.*—Clara C. P., married, aged 54 years, born in New Hampshire. No inherited tendency to cataract. This patient entered the Hospital in June, 1867, when the left eye was operated upon for cataract successfully.

Jan. 7th.—*Operation.* Patient being etherized, a downward section was made. The edges of corneal wound were brought into apposition by a fine silk suture. Compressive bandage. Opiates *p. r. n.* Seventy-two hours after the operation the wound had united; the anterior chamber was re-established; vision good, and no constitutional disturbance. After the third day patient was allowed to sit up. Suture was removed on the sixth day. Patient continued to improve, and left the Hospital Jan. 19th, reading fine print with $+\frac{1}{2}$.

3. *Soft Cataract.*—J. S., aged 37, machinist; entered the Hospital January 10th, 1868. Thirty years ago lost sight of left eye from an injury, followed by atrophy of globe. Has never had pain or redness in right eye, and sight always good until 28 months since, when he received a blow from a piece of iron. The iron probably lodged in the cornea, from which it was soon after removed. Very soon after this, he began to have pain and diminution of

sight, which has steadily grown worse. At times the pain and loss of sight much worse than others. Eighteen months ago iridectomy was performed with only temporary relief. Since operation diminution in vision has grown more marked and less variable, to be accounted for by the increasing opacity of the lens. Since ten days sight has very rapidly grown worse. Tension of globe normal; no pain or injection, iris looks well, except occasional bands of lymph at pupillary margin. Patient requested an operation, although informed that its success was doubtful.

Jan. 10th.—*Operation.* Etherized; upward section performed; when the capsule was divided the greater portion of the lenticular substance escaped into the anterior chamber as a milky fluid; the nucleus was removed with scoop, leaving pupil free from obstruction. Compressive bandage. Very little pain or injection followed the operation; some intolerance of light remained for fourteen days. Third day after operation, with aid of $+2\frac{1}{2}$ could tell the time by a watch. On the 25th January, when patient was allowed to go home, he could read a newspaper with $+2\frac{1}{2}$.

4. *Hard Cataract of Right Eye.*—P. C., aged 61 years, born in Maine; entered Hospital January 31st. No hereditary tendency to cataract. Can distinguish light. Right eye healthy, except lens, which has lost its transparency and has a chalky look in the centre of its anterior layers. Left, same changes, but in a less marked degree.

Jan. 31st.—*Operation.* Patient etherized, and downward section performed. Fine suture to bring edges of wound together. Compressive bandage. Third day following operation the wound was well united, the anterior chamber re-established, and he was sitting up free from pain and constitutional disturbance. He left Hospital fifteen days after entrance. A portion of opaque capsule still stretched across lower edge of pupil, but was growing less in size; vision good. Can read print with $+2\frac{1}{2}$.

Six cases of convergent strabismus were operated on. In three of the cases vision was materially impaired. In one case the contracted muscle was divided a second time.

Five cases of encysted tumor of the lid. Removed by a careful dissection.

M. LEBERT, in a paper sent to the Académie de Médecine, concludes that stricture at the origin of the pulmonary artery tends to produce tuberculosis.

Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

CHARLES D. HOMANS, M.D., SECRETARY.

Nov. 25.—*Operation for Removal of Large Fibrous Tumor of the Uterus.*—Dr. MINOT reported the case.

Mary C., 40 years old, single, a domestic, was suddenly seized, without known cause, Oct. 24th, 1866, with profuse uterine hemorrhage. The amount lost was estimated by her at a "pailful," and although the expression was, of course, exaggerated, yet, judging from the exhausted condition of the patient, who was almost in a state of syncope when I reached her, soon after the occurrence of the bleeding, and from the quantity of blood contained in two chamber vessels, and on the clothing, the sheets and the floor, it must have been very great. She stated that she had been unable to pass any water for nearly twenty-four hours, never having had any difficulty of this kind previously. On making a vaginal examination I at once found a solid tumor, occupying the upper part of the vagina, about as big as a goose's egg, which, probably, pressing on the urethra had obstructed the flow of urine. A large quantity of water having been drawn off by the catheter, the tumor was carefully examined. From its shape and size it was at first supposed to be a polypus which had been nearly expelled from the uterus, but on carrying the finger upward towards the supposed situation of the os, none was to be found. The whole surface of the tumor was quite smooth, and it was only after careful search that a small tubercle was found, with a minute opening, into which the finger was gradually insinuated, and then carried freely in every direction between the tumor and the cervix, showing that the latter was expanded over the former, and that no adhesions existed between them. Nothing like a stalk could be felt, and the tumor seemed to be larger above than below. The enlarged uterus could be felt projecting considerably above the pubes, and the whole mass could be pushed upwards by the finger.

The patient stated that her general health had been good, but that for many years the menstruation had been profuse. For the last five years she had flowed excessively, especially in the spring and fall, sometimes losing a pint (she thought) at a time. The last spring she lost much more than usual from this cause, and since then she was quite pale and waxy-looking. During the

summer she underwent a great deal of fatigue, and was up much at night, taking care of a fellow-servant who was sick. Her health had failed much since that time, though she was still attending to her duties as cook. It was evident that she could not survive many repetitions of the bleeding, and I advised that an attempt should be made to remove the tumor, to which she consented.

Oct. 29th, 1866, the patient was etherized, placed on her back across a bed, and drawn down to the edge. Her legs and thighs were strongly flexed, and supported by Messrs. (now Drs.) Wm. L. Richardson and Henry Tuck, house pupils in the Massachusetts General Hospital. The os uteri was opened on each side with scissors, and the tumor was seized with strong double hooks, and drawn down. It was found to be much larger above than below. No pedicle could be felt, and there were many adhesions between the mass and the walls of the uterus. A portion as large as the fist was cut off with long curved scissors and removed. Owing to the situation of the remainder in the upper part of the pelvis, and to its firm adherence to the uterus, it was found impossible to remove it entire; portions were successively torn off, and the remainder was lacerated as extensively as possible with the scissors. The operation lasted two hours. The amount of blood lost was not more than half a pint. The patient was much exhausted, but rallied, and was comfortable the next morning. For several days she had a profuse fetid discharge, with small shreds, and masses of considerable size were removed from the vagina with dressing forceps. Nov. 14th (sixteen days after the operation), a large mass escaped from the vagina while the patient was straining at stool. Unfortunately it was so offensive that it was thrown away before I had an opportunity of seeing it. It was said to be about six inches long. From this time all offensive discharge ceased. Convalescence was retarded by a severe cold which the patient took, but she began to walk out, Nov. 21st, and soon resumed her duties as a cook. I saw her Oct. 28th, 1867 (a year after the operation), when she was perfectly well, and strong, and had gained much flesh. There has been no hæmorrhage since the operation, and the catamenia had apparently ceased. As the tumor was removed piece-meal, it is difficult to estimate its weight, but judging from its size before the operation, I think it may have weighed two or three pounds. Its character was that of the ordinary fibrous tumor of the womb.

Bibliographical Notices.

Mémoire sur l'Acclimatement des Races en Amérique. Par M. A. CARLIER, Membre de la Société d'Anthropologie de Paris. Paris: 1867.

THIS memoir was read before the Paris Anthropological Society, by the author, during the winter of 1864-65, and as it relates to one of the subjects proposed by the Boylston Prize Committee, we here give Mr. Carlier's conclusions.

1st. In regard to the white race, there is no doubt of the regular acclimation of Europeans upon the soil of North America, excepting always the unhealthy regions. But the ratio of natural increase of the population appears to be diminishing, in comparison with the earlier periods of the American Union. However, as long as the civil condition of the inhabitants is not determined in a regular manner, by means of compulsory registration, the progressive ratio of population can only be matter of conjecture.

2d. In regard to the blacks, there are distinctions to be made. In the United States, the natural increase of the free blacks seems to be relatively gradually declining, without our being able to say anything positively in reference to it.

We have nothing definite in regard to the increase of the population of Brazil or Cuba.

As to slaves, they are perfectly acclimated in the southern United States, and their number increases considerably, stimulated by a sordid avarice as well as by their amalgamation with the whites. But the ratio of this increase for the former as well as for the latter tends to diminish, as well as we can conjecture in the absence of civil registers which are the only true bases for conclusion.

Nothing can be positively stated in regard to the power of reproduction and acclimation of the mulattoes; isolated observations would seem to show that those born at the South, of white fathers who are thoroughly acclimated, have a more vigorous organization than those at the north of an Anglo-Saxon father.

The slaves of Brazil and Cuba are not acclimated, not from any appreciable climatic cause, but from their severe treatment, which exhausts their force prematurely, and checks their reproduction.

Comparing finally the races with each other, we find that the Almical ele-

ments, as little dissimilar as they may be, yet have an energy of resistance very unfavorable to their assimilation, especially the Anglo-Saxon element; and that the white race as a whole, by its repugnance to amalgamation with the colored, seems destined to at once stamp out and destroy all those, which, voluntarily or not, may be placed in great masses in immediate contact with it.

These conclusions Mr. Carlier, in a note to this memoir dated Aug. 1867, still adheres to. It has seemed to us, in carefully reading this paper, that the talented and observing author has not, as in his former writings, quite kept pace with the progress and the change of ideas in the United States both north and south since the suppression of the rebellion, and which another visit to our country would perhaps convince him of. Mr. Carlier has published three works in relation to America, namely, "Marriage in the United States," "Slavery in relation to the American Union," and, "History of the American People—the United States and their relations with the Indians from the Foundation of the English Colonies to the Revolution of 1776."

The first of these excited sufficient interest to be translated here last year. J.

We quote from the London *Lancet* of January 4th, 1868, the following account of modern French practice:—

"At the Hôtel Dieu, I had the pleasure of seeing a recent fracture of the leg put up in the manner of my earliest student days, but which I had not seen for the last twenty years. The leg was held straight upon a stout web, and a very thick pad four inches long was placed under the heel so as to elevate the lower fragment. Compresses of soft linen, well wetted with spirit lotion, were laid lengthwise on the front of the leg, supported by a many-tailed bandage. Finally, large cushions were placed at the sides, and upon them long wooden splints, which were kept in place by straps. There was no back-splint, nor any foot-board. The plan has the disadvantage of not permitting of easy examination of the fragments, but in other respects I do not know but what it is as good as those which, with us, have entirely superseded it."

DR. BROWN-SÉQUARD.—At a recent meeting of the Académie de Médecine, Dr. Brown-Séquard was elected a Foreign Corresponding Member.

Medical and Surgical Journal.

BOSTON: THURSDAY, FEBRUARY 27, 1868.

THE PRESENT POSITION OF THE MEDICAL PROFESSION.

WERE a physician of the past generation, a Doctor of the old school, to return now among us, he would see great improvements and advances in science, but he would see something else besides.

While admiring the infliction of cruel wounds without pain, the revelations of the microscope, the stethoscope, the ophthalmoscope and the laryngoscope, he might look with incredulity on our expectant treatment of disease, and our simplification of pharmacy and therapeutics. But this would not be all. For he would see, also, a change in the public *status*, the manners and customs of our profession, which would awaken feelings the reverse of approval or respect. Such a change is not too recent to be observable to the older physicians of our generation; nor too ancient to be unknown to the youngest tyro in medicine.

The position which the medical profession of our country occupies to-day in the eyes of the public is far inferior to, and less assured than, what it was fifty years ago. The Doctor of former days was a power in the community. His opinions were indisputable; his *dicta* were laws. To doubt his knowledge, to disbelieve his statements, or to disobey his injunctions were heresies unknown. His very title smacked of learning and authority. A doctor, or teacher, in medicine, he was to all, as his name implied. Once established, by the slow and regular law of succession, in practice in the place of his choice, there he remained, a useful and a much used fixture, until he died. No one thought of changing his family physician any more than he would change his church. No one thought of doubting his doctor any more than he would doubt his creed.

How absolutely changed is all this now! Greedy quacks, tricky hospital stewards home from the war, professors with no profession save plunder, peripatetic panderers to the vilest passions, violators of the Hip-

pocratic oath, patent medicine puffers with lying clerical certificates, nostrum venders, the sole value of whose preparations is the proprietary stamp which they bear, poisoners of infancy under the guise of venerable Nurses and Mothers' Guides, divide the field with the learned Pathist, whose pathy is a non-entity, and the latest Teutonic importation of mysticism and emptiness. Nor is this the worst. For in the eyes of a great part of the community they stand on the same level with the regular profession. One doctor is as good as another; and he who pleases may assume the title, with little study, or with none at all. Neither can we wonder much that this is so, since the public have no *data* on which to base their judgment.

The changes which we have indicated above are analogous to those which followed, though with far different results, the discovery of printing in the middle ages. Before that discovery, all knowledge was locked up in the clergy. They alone held the key of learning. With that discovery and its application, learning became diffused and common to all. This change was accompanied with the most beneficial results to the world; since the knowledge thus acquired was of a kind that all men could become proficient in, and all use to their advantage. Such is far from being the case with a knowledge of medicine. None but those who make it the business of their lives can master so vast a field of theories and facts, of empiricism and science. All others who acquire a popular knowledge of medicine are sciolists; smatterers in a learning which they can turn to no profit, but to great harm to themselves and others. Over-confident, because partially taught, the popular physiologists, hygienic professors and domestic doctors become a bane to the community whom they aspire to direct and heal.

It has been a very favorite idea with modern radical reformers that all knowledge, even of the most private nature, should be freely imparted to both sexes. No greater abuse of the real uses of knowledge ever existed, and no greater mistake was ever made. In such matters, "ignorance is bliss" indeed, compared to the

baleful effects of knowledge undirected by professional study. Private lectures and secret advice, popular physiology and anatomy, given and taught the young of both sexes, have debauched their imaginations, without moulding the will to self-government, or instructing the mind in real knowledge.

From such false teaching come the scores of youth, the imaginary victims of secret infirmities, who fall a prey to quacks. By partaking of such unwholesome fruit from the tree of knowledge, young women familiarize themselves with facts which breed something worse than contempt, and which lead them to be mothers only in name.

Who has not been shocked, of late years, to hear the technical phrases of medicine used by unblushing female lips to describe privacies and maladies which were formerly covered by modest women under the veil of the most delicate paraphrases?

From knowing all to doing all, the step is short. The descent is easy from the popular lecture on physiology to the employment, first of natural, and anon of unnatural and violent means, to accomplish desires, or to obviate results.

While such have been the effects of popular medical teaching in one direction, in others they have led to yet wider evils, in destroying the confidence of the public in regular physicians and in establishing and sustaining every form of quackery and delusion.

Even the simulated therapeutic agencies of another world have been summoned to heal the sick through the medium of the most vulgar and and ignorant pretenders.

What cause for surprise then, that blinded by pseudo-sciences founded on baseless abstractions, confused by a few rays of knowledge discolored by interested teachers, and deluded by miraculous agencies and cures assumed by charlatans, the poor public has lost its calmer judgment, and can no longer distinguish between truth and humbug; between a rational knowledge based on long study and observation, and unmitigated knavery under the guise of popular science.

Such being unfortunately the present as-

pect of affairs in our profession, can any remedy be found?

To seek the cause points the remedy; and the cause, unfortunately, can be found, in great part, in ourselves; in our own negligence; in our indifference to abuses which have crept in gradually among us; and in the low standard of medical education which the competition of starveling and rival schools has fostered in this country. A diminished faith in the efficacy of drugs, which has led to the expectant system of medicine, has been held up by some of our own teachers, to the world, as a reason for distrusting all medical treatment. On the other hand, an overweening confidence in and rash use of potent remedies, has been followed by the reaction of infinitesimal doses, in the public mind.

Too great laxity has been allowed to charlatans from among our own ranks, who have been permitted to remain under the shadow of that authority and respect which companionship in good society secures. So many physicians have been turned loose to prey on the public, also, with a mere smattering of medical knowledge, that they have necessarily lowered our standing in the community. Add to all this that transitional state which society has undergone in this country during the last half century, and we have said enough.

So far as a remedy can now avail, it rests mainly with ourselves.

To close our ranks firmly against pretenders; to practise, as we believe, with a rational faith in our art; and, above all, to steadily raise the standard of medical education, are the only ways to recover the position which our fathers held, and which we should retain.

MASSACHUSETTS MEDICAL BENEVOLENT SOCIETY.—We desire to call the attention of the profession and of the community to the claims of the Massachusetts Medical Benevolent Society to their coöperation and aid. Its object, the relief, not of its own members only, but of any worthy physicians or their families who may be in distress through illness or misfortune, should commend it to the favor of every medical practitioner, and its small annual assessment

places it within the means of all to contribute to its usefulness by enrolling themselves in its ranks. Founded some ten years since, it has already become a flourishing institution of charity, having in its treasury an accumulated fund of between six and seven thousand dollars; and its benefactions have gladdened the hearts of families deprived of their natural protectors, and of physicians stricken down by disease or disabled by the infirmities of extreme age. Thus far, all its beneficiaries have been those who have never been connected with the Society except as objects of its relief.

This unostentatious organization for benevolent purposes is well worthy the remembrance of that class of our fellow citizens whose liberality has so often been shown in bequests for charitable objects; especially of those who appreciate how much the rich as well as poor are indebted to the self-sacrificing efforts of medical men.

STATE LUNATIC HOSPITAL AT TAUNTON.—From the Report of Dr. Geo. C. S. Choate, the superintendent, we learn that 265 patients have been admitted during the year, a greater number than in any year since the opening of the hospital; 184 have been discharged, 39 died, 7 eloped. Of those discharged 90 had recovered, 32 improved, and 62 had not improved; patients remaining in the hospital Sept. 30, 1867, 376, being 35 more than at the end of the previous year. The average number in hospital during the year was 379. As regards the relative recoveries of male and female patients, Dr. Choate says,—

The proportion of recoveries is somewhat larger among males than among females; the former exceeding the latter about seven per cent. This has been erroneously attributed to want of a proper knowledge on the part of the medical officers of asylums of the nature and treatment of the diseases peculiar to the female sex. The true cause of the difference, however, which is not very marked, is to be found in the different proportion of the mental and physical causes of the diseases in the two sexes. In the males, the physical causes, intemperance, excess, accidents and exposures, predominate. These are most amenable to treatment, and offer the most promising prospects of removal and cure. In females,

the mental causes, disappointments, religious excitements, losses of friends, and wounds of the affections and sensibilities are in excess; and these are too often beyond the reach of medical skill. They are deeper and more obscure; less easily discovered and understood, and when found, are situated where the remedy, if known, is less easy of application.

The ratio of recoveries since the hospital has been in operation, fourteen years, is given as about 43 per cent.

CHRONIC METRITIS—PROFESSOR SCANZONI'S TREATMENT.—Prof. Scanzoni, of Wurtzburg, has never obtained any good effects from anything but the iodide of potassium, and the iodo-chloride of mercury in direct application to the uterine and vaginal mucous membranes.

He uses, for instance, a liniment containing one drachm of iodide of potassium to one ounce of glycerine, and places every night in the vagina a sponge impregnated with this fluid. The sponge is removed in the morning. This, he says, is the only method of iodine dressing which has ever been found capable of reducing in the course of two or three weeks the size and induration of the inferior segment of the womb, and is infinitely preferable to the application of tincture of iodine and of iodized liniments to the inguinal regions.

Scanzoni has more recently had recourse in the same manner to the introduction into the vagina of the following pomade:—Hydrarg. iodo-chloridi, gr. v.; Adipis, ʒj. After each application of the remedy, which requires the assistance of the speculum, the patient should keep her bed for six or eight hours.

The sponge may then be extracted, and an injection of tepid water should be performed. The epithelium is in general destroyed in the parts which have come into contact with the ointment; exudation follows, and marked decrease of size of cervix. The application may be repeated several times, if necessary, at intervals of ten days or a fortnight.

Scanzoni has completely relinquished the practice of applying tincture of iodine to the vagina or cervix. When excoriations are present, he prefers to all other local remedies rectified pyroligneous acid, pure or mixed with equal parts of creasote. He leaves these modifiers in contact with the ulcerated surfaces, until the sanguineous oozing has ceased, and until the part, which is in general of a bright red, has ac-

quired a dead white color.—*Chicago Medical Examiner*, from *Journal of Practical Medicine and Surgery*.

POSTURAL TREATMENT OF PROLAPSE OF FUNIS.—Dr. Birnbaum gives an historical résumé of the plan of replacing the cord by putting the woman in the knee-elbow position. He quotes Deventer, 1701; John Mowbray, 1724; Henry Bracken, 1737, and others, as having recommended this practice; and more lately V. Ritgen (1848). As a pupil of Ritgen's, Dr. B. says he has often practised this method. He says:—When a loop of funis is still high in the cervical canal, and the cervix scarcely admits the examining finger, it may be that the knee-and-elbow position is useful; but when the loop has once passed through the os uteri, whether head, trunk or foot present, it will be vain to expect any good from this position. He remembers no case where manual aid was not also necessary, in addition to the knee-elbow or side position to replace the cord, or to extract the child.—*Med.-Chir. Rev.*, from *Mon. f. Geburtsk.*

APPOINTMENTS.—Dr. Henry I. Bowditch has been elected one of the Visiting Physicians of the City Hospital, in place of Dr. Wm. W. Morland, resigned.

Dr. Algernon Coolidge has been appointed one of the Visiting Surgeons to the Massachusetts General Hospital.

Dr. C. B. Porter has been appointed one of the Surgeons to Out-patients at the Massachusetts General Hospital.

Dr. Robert Willard has been appointed Aural Surgeon to the Eye and Ear Infirmary.

At the late Annual Meeting of the New York State Medical Society at Albany, Dr. J. V. P. Quackenbush, of Albany, was chosen President; Dr. James P. White, of Buffalo, Vice President; Dr. William H. Bailey, of Albany, Secretary; and Dr. J. V. Lansing, of Albany, Treasurer. The following gentlemen were chosen honorary members of the Society:—N. D. Benedict, Florida; Joseph K. Barnes, Surg.-Gen. U.S.A.; Isaac Ray, Providence, R. I.; Thomas Kirkbride, Philadelphia. And the following as delegates to the Massachusetts Medical Society:—Drs. J. F. Jenkins, Yonkers; H. D. Bulkley, New York City; G. F. Fisher, Sing Sing; Alden March, Albany.

Prof. E. Andrews writes from London, that in 83,059 cases of use of chloroform in 14 London hospitals, 24 proved fatal.

Selections and Medical Items.

FATAL OBSTRUCTION OF INTESTINE BY WORMS.—A child of two years, well at 6 A.M., died the following night after spontaneous uncontrollable vomiting, unaccompanied by a single defecation. At the autopsy the cavity of the small intestines, about a foot from the ileo-caecal valve, was found completely obstructed by a mass of about 20 lumbrici, the size of which, that of a hen's egg, was increased by seven or eight fragments of double tripe, which the child had swallowed whole thirty-six hours before. The intestinal mucous membrane was red, inflamed and slightly softened at the seat of obstruction, elsewhere it was perfectly healthy. The other organs of the abdomen and the peritoneum were intact.—*L'Union Médicale*.

CASE OF ANEURISM OF THE COMMON ILIAC SUCCESSFULLY TREATED BY PRESSURE OF THE ABDOMINAL AORTA.—The subject of this case was an Irishman, who had been treated for aneurism by compression in Dublin and Tralee, but who subsequently came to London, and was admitted into St. Bartholomew's Hospital. It was determined to try again the effect of pressure high up on the common iliac artery, and a tourniquet was accordingly placed over the bifurcation of the aorta, in such a manner as to control only the passage of blood through the right common iliac, leaving the left, as far as possible, free. By this plan the pulsation in the tumor was arrested, and although the progress of the cure was delayed by several unfavorable symptoms, the size of the swelling was diminished by more than one-half, and the pulsation was greatly diminished.—*Med.-Chir. Rev.*, from *St. Bartholomew's Hosp. Reports*.

DEATH OF M. SERRES.—We learn, from the *London Med. Times and Gazette*, of the death of M. Serres at the age of 82. During the sieges of Paris in 1814 and 1815 the Cossacks who fell into the hands of French practitioners died rapidly under the debilitating treatment which then prevailed. M. Serres, remembering that these men in their own country were addicted to hard drinking, gave them abundance of brandy, instead of using the lancet, and his success was prodigious compared with the results of the opposite method. This service brought him into notice. In 1822 he became physician to La Pitié. In 1828, having devoted his attention to comparative anatomy, he succeeded Chaussier at the Academy of Science, and in 1839 was appointed to the chair of Human Anatomy left vacant by the death of Cuvier. He took an important part in the discovery of typhoid fever, but his labors are chiefly connected with natural history. He died of capillary bronchitis after a few days illness.

CASE OF HYDROCELE CURED BY FARADIZATION.—The patient, aged 54, had a hydrocele of many years standing, which had been treated three times by injection without effect. The tumor was large and very sensitive. To effect a radical cure, electricity was used. A needle, connected with the negative pole of Daniell's pile, was introduced into the anterior portion of the tumor, and the

other pole, by means of a damp sponge, applied to the opposite part of the scrotum. The current, which caused little pain, was continued for five minutes and repeated three times every other day, after which the part gradually returned to its usual size. Nine months after the hydrocele had not returned.—*L'Evenement Médical*.

MEDICAL DIARY OF THE WEEK.

MONDAY, 8, A.M., Massachusetts General Hospital, Med. Clinic; 9, A.M., Medical Lecture. 9, A.M., City Hospital, Ophthalmic Clinic.

TUESDAY, 9, A.M., City Hospital, Medical Clinic; 10, A.M., Medical Lecture. 9 to 11, A.M., Boston Dispensary. 10-11, A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, Massachusetts General Hospital, Surgical Clinic. 9, A.M., City Hospital, Ophthalmic Clinic. 9, A.M., Chelsea Marine Hospital.

THURSDAY, 8 and 9, A.M., Massachusetts Gen. Hospital, Medical Clinic and Lecture. 10-11, A.M., Massachusetts Eye and Ear Infirmary.

FRIDAY, 9, A.M., City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., OPERATIONS. 9 to 11, A.M., Boston Dispensary.

SATURDAY, 10, A.M., Massachusetts General Hospital, Surgical Visit; 11, A.M., OPERATIONS.

A Bulletin of Expected Operations, in both the Hospitals, will be found, weekly, at the office of the Boston Medical and Surgical Journal, and at Messrs. Codman & Shurtleff's, 13 and 15 Tremont Street.

TO CORRESPONDENTS.—Communications accepted:—Cases of Intermittent Fever originating in Boston.—On Retroversion of the Uterus.

Communications declined:—A Drowning Man will catch at Straws.—Strictures on Phosphate of Soda.—On Dysmenorrhœa.—On the Treatment of Ulcers of the Leg without Rest.

BOOKS AND PAMPHLETS RECEIVED.—The Diagnosis, Pathology and Treatment of Diseases of Women, including the Diagnosis of Pregnancy. By Grally Hewitt, M.D. Lond., F.R.C.P., &c. First American from the Second London Edition. Philadelphia: Lindsay & Blakiston. 1868. 8vo. Pp. 698.—The Education of the Heart; or, the Necessity of Proper Moral Culture for Human Happiness. By Hon. Schuyler Colfax, Speaker of the U. S. House of Representatives. S. R. Wells, New York.—The Good Man's Legacy; a Sermon by Samuel Osgood, D.D. S. R. Wells, New York.—Prevention and Cure of Consumption by the Swedish Movement Cure, with Directions for its Home Application. By D. Wark, M.D., Saratoga Springs, N. Y. S. R. Wells, New York.—Annual Report of the Surgeon-General of the Commonwealth of Massachusetts.—I was Lean, and I became Stout; humbly presenting some Ideas that are really True, though they read like Fiction. Published by A. Williams & Co., Boston.

DEATHS IN BOSTON for the week ending Saturday noon, February 22d, 1868, 120. Males, 60—Females, 60. Abscess, 1—accident, 2—aneurism, 1—apoplexy, 2—disease of the bowels, 2—inflammation of the bowels, 1—disease of the brain, 4—inflammation of the brain, 3—bronchitis, 4—consumption, 15—convulsions, 1—croup, 3—diarrhœa, 1—diphtheria, 2—dropsy, 2—dropsy of the brain, 4—epilepsy, 1—erysipelas, 1—bilious fever, 1—scarlet fever, 12—typhoid fever, 2—gastritis, 1—disease of the heart, 5—infantile disease, 9—disease of the kidneys, 2—disease of the liver, 1—congestion of the lungs, 3—inflammation of the lungs, 9—marasmus, 4—measles, 1—old age, 3—paralysis, 3—premature birth, 1—puerperal disease, 3—scrofula, 1—disease of the stomach, 1—suicide, 1—tum r, 2—unknown, 4—whooping cough, 1.

Under 5 years of age, 58—between 5 and 20 years, 6—between 20 and 40 years, 22—between 40 and 60 years, 17—above 60 years, 17. Born in the United States, 85—Ireland, 29—other places, 6.

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The first edition of Dr. Hewitt's book was received with great favor by the profession, and had a very rapid sale both in this country and in England. It has now been out of print about one year. The present edition has been thoroughly revised, and in great part rewritten. More attention has been paid to Pathology in connection with the Treatment of Diseases of Women, and many other additions and changes made which have been necessitated by further experience and observation of the diseases treated of. The work is also now enriched by numerous illustrations, upwards of sixty of which are original, the greater portion of them being carefully planned representations of cases coming under the author's own observation.

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The Spring Course for 1868 will commence on Monday, March 16th, and will continue three months. During this time, beside the Cliniques, lectures will be given by the College Corps of Lecturers.

Two Didactic Lectures and one Clinique will be given daily during the above course; the subjects treated of in the Didactic Lectures being fully illustrated in the Cliniques.

Students who have matriculated are entitled to attend the Cliniques of the College throughout the year. Attendance on the Didactic Lectures of the Spring Course requires the additional payment of a fee of \$30, or \$5 for each separate course.

Certificates of attendance on this course will be counted as time spent in the study of medicine under the direction of a practitioner.

REGULAR COURSE.

The Regular Course of Lectures for the Session of 1868-9, will commence on Thursday, the first day of October, 1868, and will continue until the following March. This course will consist of from five to six Daily Lectures in the various departments of Medicine and Surgery, both elementary and practical, together with Daily Clinical Lectures, delivered both at the College and at the larger Hospitals.

Matriculation Fee, \$5.

Fees for the full Course of Lectures by all the Professors, \$140. For each separate ticket, \$90. Ticket of the Demonstrator of Anatomy, \$10. Graduation Fee, \$30.

☒ The Tickets are expected to be taken out at the beginning of the session.

Students who have attended two full courses in this College, or who, having attended one full course in some regularly established medical school, shall *subsequently* attend one full course in this College, are admitted to a third course of Lectures on payment of the matriculation fee only.

Graduates of this school are admitted without fee. Graduates of other regular schools who have been in practice three years, and *theological students*, are admitted on general ticket by paying the matriculation fee.

Recent graduates of other regular schools, and students who have already attended two full courses of lectures, are admitted on payment of the matriculation fee and \$70.

Letters requiring information should be directed to the Secretary of the Faculty, College of Physicians and Surgeons, corner of 23d Street and Fourth Avenue, New York.

☐ Students are requested, on their arrival in the city, to call at the College and register their names with the Clerk, Mr. Denham, who will give them all necessary information, and aid them in obtaining board.

Jan. 2—cowly.

Original Communications.

THE DURATION OF PREGNANCY.

By CHARLES E. BUCKINGHAM, M.D., Boston.

MR. EDITOR,—The duration of pregnancy is a point upon which we are often called to give an opinion. For many years, I have tried to find from my patients such facts as would enable me to form some table which might be of value to myself and the profession. Of late years, more of them have been of a class who are willing to trouble themselves, by keeping records of the days on which their monthly periods began. During the last few weeks, I have been amusing myself with a review of records, and exercising with the pencil. The result I send to you in the form of tables, with only a few comments, leaving those professional brethren who are interested in such matters to draw their own inferences, and compare their experience with mine. I should say that every case has been rejected where I have found the slightest chance to hang a doubt upon it.

The first table gives the number of days from the first day of the last menstruation, and in that table the particular labor, whether first or otherwise, is noted. The second table is simply a statement of the weeks after the commencement of the last periods in which the different labors took place.

There is an opinion prevalent among women that first pregnancies are shorter than subsequent ones, and the mischievous say that they are no shorter, unless marriage takes place too late. The longest case but two of which I have the record was a first pregnancy, and the shortest, not known to be the result of violence, and in which the child lived, was also a first or a fifth pregnancy.

The third table will show that, in my own practice, up to the completion of the fourth pregnancy, a decided majority (over 57 per cent.) carried their children ten lunar months and more. After the third (3d) pregnancy, 56 per cent. were confined be-

fore the ten lunar months expired, and after the fourth (4th) over 69 per cent.

Of course, the record of so few cases is not enough to establish any rule, but collections of cases by fair observers, who will publish them, will help some professional statistician in his observations.

One of the curiosities of the collection is the patient who went three hundred and thirty (330) days, and who acknowledged having been several times operated upon for the purpose of procuring abortion, and having been constant in the taking of medicines for the same purpose.

I afterwards found that this woman had invariably tried to produce abortion in every pregnancy. She has been confined, I think, twelve (12) times in all, but has had only four (4) living children. She has seldom gone over seven (7) months, and her husband professed to know nothing of any attempt to procure abortion. I am satisfied, from her own statements, however, that except perhaps in two (2) instances, there has always been some endeavor, by drugs or instrumental interference, to put an end to pregnancy. In two cases in which it was attempted it failed, and in one of the labors she was attended by the operator, who, as is usual in such cases, performed his operation on the condition that he should not be called upon to attend the case. This child was also living.

Of all the patients, only fifteen (15) were confined on the two hundred and eightieth day, two (2) only of these being first labors.

One pair of twins (a fifth labor) was born on the two hundred and thirtieth (230) day; one pair on the two hundredth and forty-seventh (247), a sixth labor; one pair on the two hundred and seventy-sixth (276), a second labor; one pair on the two hundred and seventy-eighth (278), a fifth labor; and one pair on the two hundred and eightieth (280), a second labor.

A question has risen, which only long observation can answer—how much has a constantly irregular period of menstruation to do with the duration of labor? I think that a very large minority of women menstruate upon another than the twenty-eighth

[WHOLE No. 2089.]

day. Certainly a large minority are irregular; and many have some other regular period, like twenty-one, or thirty, or even more days.

TABLE I.

No. of days from beginning of last catamenial flow.	1st Labor.	2d Labor.	3d Labor.	4th Labor.	5th Labor.	6th Labor.	7th Labor.	8th Labor.	9th Labor.	10th Labor.	Not Stated.	Totals.
230	1											2
231	1											1
237												1
239				1								1
240	1						1					2
243		1										1
245	1											1
247		1				1						2
248		2										2
250	1				1	1						3
251							1					1
252			1									1
254			2	1								3
255					1							1
256	1	1										2
257	2	1										3
258	1			1	1							3
259	1			1								2
260	1			1	1							3
262		1										1
263	1								1			2
264	2			1								3
266	3									1		4
267	1	1	2			1						5
268	4	1	2									7
269	1	1	2	1								5
270	3	2	1									6
271	1	2										3
272	3	3			1			1				8
273	3	3	1									7
274	2	4	1									7
275	2	1	1	1						1		6
276	4	4	1							1		10
277	5	1	1	1								8
278	7	3	4		1	1		1				17
279	5	3	3	1		1				2		15
280	2	8	3	2								15
281	5	8	2	1	1							17
282	3	4	1									8
283	6	6	3	1						1		16
284	1	6	2	2						1		12
285	2	2										4
286	6		1									6
287	6	3	2	1								12
288	3	3	3	2	1							9
289	4	1	1	1						2		9
290	3			1								4
291	2	3	2	1						1		9
292	3		1	1								5
293	1	4	1		1					1		8
294	1	1	2						1			6
295	2		1							1		4
296		1	1									2
297	3	1	2		1							7
298	1	1				1						3
299	1											1
301			1									1
302	1	1	1									3
303	1	1										2
304	2											2
306	1											1
307		2										2
308		1										1
309	1											1
311			1		1							1
317	1											1
327												1
330						1						1
												323

The same table, as shown by weeks, is as follows:—

TABLE II.

33d week	3
34th "	1
35th "	5
36th "	9
37th "	14
38th "	13
39th "	41
40th "	78
41st "	75
42d "	60
43d "	18
44th "	11
45th "	2
46th "	1
47th "	1
48th "	1
Total	323

TABLE III.

Labor.	Confined within forty weeks.	Confined on or after 280th day.
1st.	54	60
2d.	34	54
3d.	28	30
4th.	10	14
5th.	7	5
6th.	5	1
7th.	2	1
8th.	2	0
9th.	1	0
10th.	1	1
Unknown.	5	8
Totals.	149	174

The earliest-born child, that lived, was one of a pair of twins. The case may be of interest. The mother was pregnant for the fifth (5th) time. In November, 1855, she had a sore mouth, which continued up to Feb. 24th, 1856, when I was called to her. The mouth and throat were filled with aphthæ, and "for the last twenty-four (24) hours, the saliva had been running from her constantly." There was no appetite. Gave her a mixture of conium with chlorate of potash, which afforded no relief. Up to March 1st, she got, one after another, quinia, morphia, conium, hyoscyamus and lime. The combination of quinia and morphia gave her sleep, and, while using it, the salivation diminished and the aphthæ disappeared. Once or twice daily, however, the cheeks became swollen over Steno's ducts, and there was profuse salivation to the amount of several pints a day.

March 3d, 1856, after a restless night, labor began at 9, A.M., with rupture of the membranes. The rupture took place immediately on rising from bed, and was preceded by chill and cough. I saw her at 11, A.M. Os uteri one half dilated. Vertex in left occipito-cotyloid position. At 11.40, A.M., the first and second stages were complete. Child, male. A second child was born, also a male, and in the same position. This was at 11.50, A.M. The second child

came away with its placenta and membranes not ruptured. Five (5) minutes later, the placenta of the first child was born. There was no sign of blood with either, nor was the amount of fluid large. The second child died at 11, P.M., respiration never having been properly established. The first child, dressed, weighed three and a half (3½) pounds. It lived till the 3d of the following September, when it died of cholera infantum.

The mother never had any secretion of milk. The salivation continued till the 31st of March (1856), when it was very slight. During this time, there were days when it ceased altogether, and again when it amounted to eight (8) pints in twelve hours.

EXPERIMENTS AND OBSERVATIONS ON ABSINTH AND ABSINTHISM.

(Concluded from page 71.)

I HAVE thus given the various opinions held by observers as to the physiological effects of absinth, and now I wish to present some of the results of my own experience, while studying its effects on animals. It may seem hardly worth while to call the attention of American physicians to this drug; but, as there seems to be an erroneous opinion held as to its innocence, I think it right to show that absinth, or wormwood, has its toxic effects, and those pretty decided ones. One American writer on *Materia Medica and Therapeutics** says that, "Overdoses produce gastric pain, nausea and vomiting; occasionally, headache and giddiness, with dulness and confusion of ideas, have been observed after large doses, and are probably due to the essential oil that the plant contains. . . . A male adult, who had taken about half an ounce of the oil, was insensible and convulsed; his jaws were clenched, and he foamed at the mouth. . . . Like other tonics, it has been recommended in epilepsy."

The author of this work does not say whether any dose of the essence is really fatal, nor does he mention that an epileptiform fit may be caused by an overdose; but he cites one case where this has occurred. Now, we assert that absinth (essence) will produce a veritable attack of epilepsy, and will even induce death, if a large enough dose has been administered. I refer my readers to the case occurring at the Hôpital Bicêtre, to show that this substance

will produce epilepsy in man, and there are many other similar cases recorded in the Paris hospitals, though some are erroneously attributed to alcohol.

I have called attention to the experiments of M. Magnan at the aforesaid hospital, for a confirmation of this opinion. I will, also, mention some others that we performed together at the Hôpital St. Anne, a new and large hospital, finished last spring, to receive diseases of the brain and nervous system, and of which M. Magnan is one of four resident physicians.

It has been supposed that the epilepsy occurring in absinth drinkers was owing to the alcohol and other substances composing the *liqueur*, which affect the brain and thus cause convulsions. We think that these convulsions have occurred after drinking of a larger amount than usual of the *liqueur*, *absinthe*; and that absinth itself brings about epilepsy by its *direct* intoxication, and not in consequence of the brain becoming diseased by continuous abuse. I do not intend to give the idea that epilepsy may not occur in consequence of a lesion produced by a long abuse of alcohol, and where absinth has not been taken. But, in these cases, there are lesions in the brain, such as thickening of the meninges, and sometimes, also, superficial softening, and alcohol by its super-excitation may produce an attack of convulsions, while, on the other hand, absinth produces epilepsy without any such lesions having been observed. Briefly, absinth in *one* overdose will produce epileptiform convulsions, while alcohol, primarily, can produce such effects only in exceptional cases, as in a person who has had epilepsy, or who is predisposed thereto by hereditary influences. To confirm this view, I will relate the following experiments:—

Experiment 1.—2 hours 37 min. 1.75 grammes (3ss.) of essence of absinth (very pure) was introduced into the stomach of a guinea-pig, in good health, by the œsophagean bougie.

2.47.—Chills.

2.52.—Scratches his head and face with paws.

2.55.—Muscular tremblings in anterior part of body.

2.57.—Twitches muscles of head and neck; fixes his paws and contracts muscles of legs.

3.00.—Sensibility preserved,

3.35.—Series of muscular twitches, with rigidity of body and legs. Chattering of teeth; head turned over right shoulder. Sensibility obtuse. Furiously bites wood

* *Stillé on Therapeutics and Materia Medica*. Philadelphia: Blanchard & Lea. Vol. ii., p. 619.

of the drawer in which he is placed. Head and shoulders twitch violently. Stands up suddenly, and falls over on to side.

3.40.—Movement of gyration from left to right.

3.43.—Convulsions, after a tremendous bound high into the air, like the bounce of a rubber ball, and falls over on to his side, foaming at the mouth, clenching his teeth, moving all four legs as if running, and then

3.46, remains pretty quiet, and apparently dead, though the heart beats until

3.50, when he died.

Autopsy.—The brain and spinal axis have not the slightest congestion or clot, nor are they excessively pale. No excess of serum in any of the ventricles. The lungs have an appearance like marble, and are in a state of slight congestion. No peculiar appearance about the heart. The stomach filled with some semi-fluid substance like food, and smells strongly of absinth, as does the whole body. The gall-bladder distended with fluid. No rupture of trachea, œsophagus or stomach.

Experiment 2. Alcohol.—At 2 hrs. 27 min., injected into the stomach of a guinea-pig, by a bougie, 5 grammes of alcohol.

2.40.—Has the appearance of an inebriate, and paralysis of posterior portion of body. On being pricked, walks with fore legs, dragging along his hind legs.

2.46.—Trembling of hind legs; utters little cries, and lies extended on his side; otherwise motionless.

2.50.—Cries on being pinched, and withdraws the part touched, with trembling of extremities.

2.58.—Continuance of same symptoms.

3.07.—Remains motionless on back, with exception of slight tremblings of posterior, and sometimes of anterior limbs. Utters, now and then, low cries.

3.12.—Sensibility obtuse; posterior limbs quiet, and the anterior trembling.

3.20.—Perfect resolution and drunkenness, which continued till his heart ceased beating, at the hour of 11.20.

The autopsy revealed very intense congestion of the stomach, and of the intestines for one third of their extent. The intestine was filled with gas in part of its length, and, near the pyloric orifice, with a gummy liquid, which looked muco-purulent. Near the cardiac and pyloric orifices were the centres of a mucous ulceration, surrounded by a *very* intense congestion. The duodenum had a most beautiful appearance, like crimson velvet, showing the first stages of inflammation, each capillary being wonderfully defined, and illustrating

the anastomoses. The bladder was distended with urine, containing a large amount of albumen. The whole body smells strongly of alcohol. The brain showed a most intense congestion. The cortical substance was of a rose color. All the arteries and veins were turgid with blood. The spinal axis, also, showed marks of great congestion.

Experiment 3. With Absinth.—3 hrs. 45 min. Injected 4.50 grammes of absinth into the stomach of a rabbit.

4.25.—Holds himself stiffly, with muscles of leg strongly contracted, in a state of demi-stupor. Sensibility obtuse; keeps the position in which he is placed; respiration quickened and short.

4.35.—Little convulsive twitches of muscles, gradually increasing; champing of jaws, the head turned to the right side, foaming at the mouth. Convulsive movements grow more intense, till an epileptiform convulsion commences, with the head turned over backwards, and the animal falls over on to side, with all the extremities agitated and beating the air; rises again, and falls over immediately, turning the eyes and rolling over the membrana nictitans; the right pupil contracted more than the left.

4.45.—No less than ten convulsions have occurred, the strength gradually growing less.

4.48.—Head now turned to the left side.

5.10.—Convulsions still continue, but the strength very much reduced.

6.20.—Right pupil contracted, the left slightly dilated; slight movements in legs, though the animal lies in a mass; respiration very feeble.

12.00.—Respiration stertorous.

1.02.—Death.

Post Mortem.—The hemispheres, being uncovered, present no notable alteration, though the right side seems to have a stronger vascular injection than the left. The bulb and spinal axis appear normal. The cerebral substance gives a strong odor of absinth. The sinuses seem black and congested. Sections, taken at random through the brain-mass, reveal nothing abnormal. The heart is very large; vessels strongly injected. On cutting into the vena cava, black coagula escape. Right ventricle filled with a black coagulum. Left ventricle has a small amount of black blood; the walls sufficiently firm. Lungs of a rose color, devoid of air, as after collapse, resembling carnification. No crepitation felt between the fingers; on the lower margin of both sides a dark-red tint, where

the tissue is slightly injected. Smell of absinth. Stomach has no ecchymosed spots on the external surface; half of its bulk occupied with food smelling strongly of absinth. Mucous coat pale or brownish in various places, covered with a brownish mucus; no appearance of ulceration. Nothing remarkable in the intestines. The liver smells strongly of absinth. The bladder almost empty.

Experiment 4. With Absinth.—2 hrs. 10 min. .80 grammes of absinth injected into the stomach of a frog. No vomiting.

2.30.—Remains in his place, and, when pricked, arches his back, holding himself stiffly. No convulsions.

Experiment 5. With Alcohol.—Seventy-five one hundredths of a gramme injected into the stomach of another frog, and stupor ensued shortly after. No vomiting. He died in the evening, and the autopsy revealed inflammation of the alimentary canal.

Experiment 6. With Alcohol.—3ijss. of alcohol was placed in the stomach of a rabbit, through an œsophagean tube.

In fifteen minutes, movements sluggish.

In twenty minutes, posterior limbs partially paralyzed.

In half an hour, lies stretched out on belly, perfectly quiet, but, when aroused, moves with great difficulty, tumbling first to one side and then to the other.

In thirty-five minutes, lies with hind legs extended, resting on belly and forelegs; when excited to move, hind legs remain extended; sensibility preserved.

In forty minutes, anterior members paralyzed, but hind legs move more readily than before.

In three quarters of an hour, the animal moves with great difficulty, and does not seem disposed to change its position. I left the animal, soon after, extended on its side, breathing slowly, and apparently in *articulo mortis*. The next morning, it was dead.

Let us now examine the analogy between the two drugs, absinth and alcohol, in their therapeutical effects, and we consider them entirely distinct and opposite. We will compare, side by side, the different symptoms as detailed in these last six experiments performed by myself [these six being selected from a series of thirty conducted by M. Magnan and myself in Paris last spring, with the exception of the last mentioned, which I conducted lately).

SYMPTOMS.

Absinth.

Animal perfectly well for fifteen minutes, at the least, after the ingestion; with the exception of a few muscular twitchings and a slight uneasiness.

Muscular agitation, commencing in the *anterior* portion of the body.

No paralysis.

Epileptiform convulsions and rigidity, resulting in a rapid death.

No apparent lesion, except, perhaps, a *slight* cerebral congestion, showing the cause of death to be intoxication of the poison.

Alcohol.

In a very few minutes symptoms of inebriation, resulting in torpor.

Paralysis, commencing in *posterior* extremities, and then extending to the *anterior*.

Paralysis of both posterior and anterior extremities in succession.

No convulsions. Stupor, coma, resolution and a gradual death.

Lesions of the brain and of the alimentary canal; gastritis and enteritis might have supervened, had the animals lived long enough for their development.

The epileptiform convulsions occurring in absinthism are the result of poisoning by absinth, and are not attributable to the alcohol contained in its *liqueur*.

The paralysis in alcoholism (whether by *absinth* or *cognac*) is due to the alcohol and not to the absinth.

ACTION OF SUGAR ON PERCHLORIDE OF IRON.—We are indebted to a correspondent for the following abstract from the *Revue Médicale* of Dec. 31, 1867:—

In reply to a letter by M. Caradec with regard to the action of sugar on the perchloride of iron, M. Adrian says:—

“When to 125 grammes of distilled water 25 drops of perchloride of iron is added, the liquid obtained is of a slight amber color, and may be kept for 24 and even 48 hours without undergoing alteration. If, on the other hand, the same proportion of perchloride is dropped into a mixture of twenty-five grammes of syrup of sugar with one hundred grammes of distilled water, the liquid immediately takes a much deeper color, and after some hours ferridcyanide of potassa shows the reduction of the iron salt. This transformation becomes much more evident at the end of twelve hours, and after twenty-four hours the greater part of the sesqui-salt is changed into a proto-salt. According to this experiment, it is evident that sugar produces a modification in the perchloride of iron, recognizable by the change of color; and the presence of protochloride of iron in the solution furnishes very evident proof of the alteration produced.” He found that the same change takes place even more rapidly with other syrups, as that of marshmallow, tolu, codeine, morphine, &c., or

with those containing tannin, or any extractive matter. "In view of these results," he concludes, "we believe it is not too much to assert that the solution of the perchloride of iron can preserve all its therapeutic properties only when administered in common water, or, better still, in distilled water."

Hospital Reports.

MASSACHUSETTS GENERAL HOSPITAL.

Surgical Operations for the week ending February 8th.
Reported by Messrs. JOSIAH HALE, Jr., and
RUFUS P. LINCOLN.

[Continued from page 75.]

9. *Tumor of Palate.* Dr. H. J. BIGELOW.—Female, æt. 47. Eight years ago, a small tumor, of the size of a bean, appeared upon the roof of the mouth, and when it had doubled its size, it was incised, and its contents evacuated. Patient describes it as appearing like fine sponge. Considerable hæmorrhage followed, which was controlled by styptics. The wound healed in four weeks. A year after, it again appeared at about the same point, and gradually increased until it was as large as an English walnut, and situated on the right of the median line, its posterior surface resting on the soft palate. It was elastic, and covered by mucous membrane of normal appearance, and did not encroach upon the nostril. An incision was made around the base of the tumor, which was readily enucleated. No hæmorrhage.

10. *Tumor of Palate.* Dr. H. J. BIGELOW.—Female, æt. 48. Eight years ago, a tumor appeared at the same point as in the case last described, and increased until it presented almost the same appearance, there being scarcely any appreciable difference in form. An incision was made around the base of the tumor, and in dissecting it off from its attachments, it was found to have involved the soft palate. The latter was not completely divided, however, and only a very small opening was left. During the operation, an artery nearly as large as the radial was cut, and it bled profusely. It was found impossible to tie it. A sponge soaked in a solution of persulphate of iron was applied, with compression, which checked the hæmorrhage.

11. *Supra-orbital Aneurism.* Dr. H. J. BIGELOW.—Male, æt. 14. Two years after being struck with a stone at a point half an inch above the supra-orbital foramen, a small pulsating tumor appeared. It gradu-

ally increased until it had attained the size of a filbert. Pressure made simultaneously over four vessels connecting with it, caused the pulsation to stop. A ligature was passed under each of the three smaller ones and tied. A curved needle was now passed under the largest, and a figure-of-eight made over it with a ligature.

12. *Ranula.* Dr. H. J. BIGELOW.—Two years' duration. Size of a small walnut. Incised, and cauterized with nitrate of silver.

13. *Canceroid Ulcer.* Dr. H. J. BIGELOW.—Male, æt. 45. Of cheek, recurrent. Enucleated by incision, and dissected out.

14. *False Anchylosis of Knee.* Dr. H. J. BIGELOW.—One year's duration, following confinement on account of fracture of neck of femur. Adhesions were broken up by extension and flexion.

15. *Housemaid's Knee.* Dr. H. J. BIGELOW.—Male, æt. 38. While attending to his business, has been obliged to rest his whole weight upon his knee. Two months ago, the swelling appeared and pain commenced. An incision of two inches was made into the tumor, and half an ounce of coffee-colored fluid evacuated. The internal wall was covered with cylindrical and elongated trabeculae, semi-translucent and of worm-like shape.

16. *Fissure of Palate.* Dr. S. CABOT.—The case was one of congenital fissure of the soft palate, in the median line. After tickling his palate with a feather for several days previously, the operation of staphylorrhaphy was performed in the usual manner, and the vivified edges approximated by six silk sutures soaked in compound tincture of benzoin.

Operations for the week ending February 15th.

1. *Cleft Palate.* Dr. H. J. BIGELOW.—Male, æt. 24. In addition to the usual operation of staphylorrhaphy, a flap was dissected from the posterior wall of the pharynx and its lower border united with the freshened posterior surface of the velum. There was free hæmorrhage from the palatine arteries, which was checked by ice held in the mouth.

2. *Cleft Palate.* Dr. H. J. BIGELOW.—Male, æt. 18. Dr. Bigelow operated successfully upon this patient for hare-lip fourteen years ago. The usual operation of staphylorrhaphy was performed.

3. *Evulsion of Toe-nail with freezing mixture.* Dr. S. CABOT.

4. *Chronic Mammary Tumor.* Dr. H. J. BIGELOW. Patient æt. 19. One year's duration. Pain of a "stinging character."

Tumor as large as a horse-chestnut, deeply seated, indurated, movable, not adherent to the integument, and situated one and a half inch above the right nipple. It was excised through a transverse incision of three inches.

5. *Abscess of Abdominal Parietes, with Ether.* Dr. S. CABOT.—A large abscess, filling right iliac and lumbar regions, was incised, giving vent to about a quart of pus, greenish-colored, but with offensive odor.

6. *Encephaloid Testicle in Abdominal Parietes removed.* Dr. H. J. BIGELOW.—Patient æt. 50. This was an undescended testis laying upon the abdominal parietes. Has worn a truss since fifteen years old, for a supposed hernia opposite the right internal inguinal ring. Till fifteen years ago the tumor was no larger than a butternut, but since, its growth has been steady. At the time of operation there was an oblong tumor, fixed beneath, but not adherent to the integument, extending from the spine of the pubes of the right side obliquely upward and outward to the lower margin of the ribs. It measured thirteen inches in its long, and ten in its short diameter. A trocar and canula were thrust into the tumor at two different places, but only a few drops of dark blood escaped. An incision thirteen inches long was then made through the integument over the tumor, parallel with its long diameter, and the opening enlarged by an incision in the inner flap three inches long, at a right angle to the first at its middle. About three ounces of clear fluid escaped from the lower part of the wound, supposed to come from the *tunica vaginalis*. The incisions were then carried through the muscles which covered its upper half, when the whole of the tumor was exposed. It was readily dissected by the fingers from the surrounding soft parts and *transversalis fascia*, till but two points of attachment remained, one a fibrous band extending from its lower and posterior part towards the spine of the pubes, the other somewhat larger, extending from near its apex to the internal inguinal ring: the former was probably the gubernaculum, and the latter the spermatic cord. Both were tied, and the tumor cut away, leaving a small portion of the diseased mass still attached outside the ligature about the cord to prevent retraction. This answered its purpose perfectly, till at the suggestion of a by-stander it was partially removed, when the cord at once retracted. Immediately there formed a pulsating tumor inside the *fascia transversalis*,

which in a short time burst off the ligature and poured out its blood with a large central jet into the wound. This, the enlarged spermatic artery, together with several smaller arteries, was tied. A large number of small vessels were tied during the operation, but there still being some oozing of blood the wound was left open to the air till it should cease.

A future number of the Journal will contain a full report of this case, with its subsequent history.

[To be continued.]

BOSTON CITY HOSPITAL.

Some of the more important Operations in February.
Reported by Messrs. G. W. GAY and L. D. GUNTER,
House Surgeons.

CASE 1st.—*Injury to Head.* (Service of Dr. THORNDIKE.)—M. C., schoolboy, æt. 12, entered Hospital Jan. 29, 1868, and from him and his mother the following history was obtained:—

While he was at play, five weeks before entrance to Hospital, his head was caught between a closing door and the casing, as he was running out of the room. He fell to the floor, and was insensible for a few moments, but soon jumped up and began to swear at his playmate. That night he complained of a little pain in the head, but seemed in his usual health the next morning, and nothing was noticed at the place of injury.

He continued at school a fortnight, but complaining more and more of pain in the head, especially at night or when he was tired. This headache, with his general debility, finally caused him to leave school, and after attending the B. Dispensary awhile, he was admitted to Hospital on the above date.

General appearance very anæmic; body and extremities emaciated, face bloated. There is a firm, immovable tumor in the upper part of right temporal fossa as large as a small filbert—tender but not discolored; there is a corresponding smaller one on the opposite side of the head just in front of the ear—not tender. Eyes very prominent, lids and conjunctivæ œdematous and ecchymosed, no strabismus, pupils a little dilated, sensitive to light, sight a little impaired; hearing good; pulse 140, feeble, irregular, and intermitting one in every ten beats. Tongue straight, appetite poor, strength feeble; complains of much pain in head, and generally localizes it in right side and forehead.

The mother says the protuberance of eyes and œdema of lid began to be devel-

oped about the time he left school or shortly before, and has steadily increased since.

There is a direct aortic murmur in the heart, and a little bronchitis in right lung; urine clouded with mucus and urates, but contains neither albumen nor sugar; lymphatic glands are all enlarged, but not painful.

Patient put on generous diet and tonics, and for a few days did not seem to rally but rather fail, but in a short time his appetite returned and he appeared much brighter. He continued in this way brighter for a few days, then more stupid again, but on the whole gradually failing till Feb. 14, when the record is, as follows:—

Pulse 120, weak, irregular, and intermittent; has a little delirium; no appetite; takes very little notice of anything; urine about the same; bowels free; tumor as large again as it was at entrance, and discolored; oedema of face and lids increased; eyes more prominent; strength much less; pain in head very severe, and referred especially to right side and forehead; sight not quite so good, and he is quite deaf. There is also a slight bloody discharge from the right ear. Patient etherized, and the operation for trephining done at the seat of the tumor in the usual way. On reaching the bone, a patch of lymph, equal in area to the tumor, was found, and the periosteum dissected up on the same spot. As soon as the disk of bone was removed, the *dura mater* immediately plugged the opening, and on slitting it up there was a gush of serum which flowed freely for ten or fifteen minutes, becoming bloody towards the last and allowing the brain to fall away from the cranial walls. At this time his pulse began to waver, and the flow was immediately checked by a compress; and stimulants were given per rectum. He rallied very slowly.

2, P.M.—Two hours after operation, unconscious. Pulse 120, weak and irregular. Respiration, heavy, 40. Continue injections of brandy and milk.

4, P.M.—Pulse 120, jerking and weak; unconscious; respiration easy; skin of face presents a peculiar shrunken appearance from the loss of serum.

6, P.M.—Pulse 136, weaker and quicker; can be aroused, and asks for water; takes wine whey freely; passes urine well; complains of pain in head.

Midnight.—Pulse 120, stronger and regular; lies quiet; has vomited a very little; one dejection; takes nourishment well.

Feb. 15th, 5, A.M.—Pulse 130, weak and irregular; respiration 48 and laborious; unconscious; serum oozes through bandages very freely.

Patient gradually failed, and died at eleven, A.M., 24 hours after operation. Mother could not be induced to consent to an autopsy, and hence none was made.

REMARKS.—Dr. Thorndike was led to think there was a fracture of the frontal bone extending through the roof of the orbit, and thus allowing the serum to escape into the cellular tissue of the lids. The tumor and a feeling of depression below it, the tenderness, stupidity, and time which elapsed after the injury to the development of the symptoms, all tended to confirm this diagnosis.

CASE II.—*Excision of the Head of the Femur.* (Service of Dr. CHEEVER.)—M. D., æt. 6, female, entered hospital Nov. 1st, 1867, with pain in right knee, which had existed for six months. Examination showed that the right natis was flattened and limb shortened, that flexion and rotation of the thigh upon the pelvis increased the pain, but gave no crepitus. Treated by rest in bed, and extension of three pounds. At the expiration of a month she had improved, flexion and rotation causing but slight pain. At the sixth week, however, she began to complain of pain in knee when moved, so that it was difficult to re-apply the bandage.

At the third month, she was comfortable when quiet, but the slightest jar or movement gave severe pain. Examination was made under ether, and a slight crepitus detected in the hip-joint. No marked change during the following month.

Feb. 4th.—Appetite failing for several days. Comfortable with extension.

14th.—Restless at night. Pulse weak. Appetite poor. Nates slightly flattened. Moderate pressure over trochanter gives severe pain.

28th.—Failed gradually since previous date, and, under the circumstances, it was thought best to perform an operation for excision of the head of the femur.

Patient etherized, and a V-shaped incision made over the trochanter major, the apex pointing downwards. The capsule was divided by a sweep of the knife, and the head of the femur thrown from the socket. It was found to be diseased over a greater part of its surface, and the brim of the acetabulum denuded one third of its circumference. About three drachms of pus escaped from the joint. The femur

was sawed with a chain saw, just below the trochanter major. The cancellous structure was found to be very firm, and the periosteum in good condition. The carious portion of the acetabulum was left to exfoliate. There was but very slight hæmorrhage, and no ligature required. The flap was secured upon the dorsum of the ilium, the wound being left open. Patient was placed in bed upon the left side, and the leg placed upon a pillow.

Evening.—Slept most of the afternoon. In semi-recumbent position, looks cheerful, and says she has no pain.

10 o'clock.—Sleeping. Wound dressed with dilute solution of carbolic acid—Ziss. to Oi.

Feb. 29th.—Slept well all night, and is bright and cheerful. Wound kept open and filled with the carbolic acid wash, and covered with a compress. Appetite good. Pulse 130.

Evening.—A comfortable day. Has not required an opiate since the operation. The wound looks clean and healthy. No hæmorrhage.

REMARKS.—In this case, it will be noticed that there was apparent amelioration of the symptoms under treatment by extension, but that no real change took place. The disease progressed to the formation of pus, and to caries and partial absorption of the head. Absolute relief from pain was given by the operation, and it was followed by no constitutional shock.

discharges, disorders of micturition, abnormal sensations, &c. &c.

One hundred pages are devoted to the physical examination of the generative organs; and about as many more to the examination of the abdomen.

Under the second part, we have chronic inflammation, leucorrhœa, amenorrhœa, dysmenorrhœa, menorrhagia; hæmatocele; pelvic cellulitis; flexions; inversion; prolapse; fibrous tumors; cancer; diseases of the ovaries; diseases of the external organs; sterility, &c.

This treatise is distinguished by its methodical subdivision of symptoms and diseases; its minute elaboration of details, and its pains-taking array of all deviations from the normal state. It is particularly full in the parts devoted to diagnosis. The differential diagnosis of uterine and abdominal tumors is thoroughly given, and illustrated with shaded outlines of many such growths, as well as of tumors containing blood, or pus. The work is also remarkably free from theories and speculations.

The lateral position in the abdomen, often assumed by the gravid uterus, is illustrated at page 292. Dr. Hewitt defines the *certain* signs of pregnancy to be:—

1st. The active movements of the child unequivocally felt by another.

2d. The presence of the child *in utero*, ascertained by ballottement.

3d. The sounds of the foetal heart.

The differential diagnosis of ovarian tumors from pregnancy is treated of at length, and with much minuteness.

In the treatment of chronic inflammation of the uterus, we are pleased to see that the author sets more value on *rest*, *anodynes*, local depletion and soothing measures, than on the more heroic treatment by caustics and scarification of the cervix uteri advised by Bennett, and followed, we cannot but think to injurious excess, by many modern specialists. Many cases of dysmenorrhœa may, Dr. Hewitt thinks, be successfully treated in the same way.

He entertains great question as to the propriety of puncturing peri-uterine hæmatocele, or of opening pelvic abscess early. In this, we must say that we cannot agree with him. A recent fatal case is powerfully impressed on our mind. In this patient, a fluctuating tumor could be felt between the vagina and rectum, low down, and large. The cervix and os uteri were not connected with it. The patient was extremely reduced by suffering. Numerous physicians had advised against opening it. Within twenty-four hours after we first saw it, it burst, and

Bibliographical Notices.

On the Diagnosis, Pathology and Treatment of Diseases of Women, including the Diagnosis of Pregnancy. By GRAILY HEWITT, M.D. Lond., F.R.C.P., Professor of Midwifery and Diseases of Women, University College, and Obstetric Physician to the Hospital, &c. &c. First American, from the Second London Edition. Philadelphia: Lindsay and Blakiston. 1868. 8vo. Pp. 707.

This work is evenly divided into two parts—the first on Diagnosis, the second on Pathology and Treatment. The last-named department, embracing two subjects, is rather meagre on treatment.

The natural history and diagnosis of female diseases are very complete and minute.

In the first 150 pages, we have the data obtained without physical examination, such as menstrual derangements, hæmorrhages,

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discharged many ounces of pus into the peritoneal cavity, with a fatal result.

We take pleasure in commending Mr. Hewitt's work to those in search of the most modern manual on the diseases of women. The elegant appearance of the volume is a credit to the American publishers.

Medical and Surgical Journal.

BOSTON: THURSDAY, MARCH 12, 1868.

NEW BUILDING FOR OUT-PATIENTS AT THE CITY HOSPITAL, BOSTON.

THE erection of a NEW PAVILION FOR OUT-PATIENTS at the CITY HOSPITAL demands a passing notice at our hands. The year 1867 completes the third entire year of this Hospital's existence, its first Annual Report comprising a period of eight months, from June, 1864, to January, 1865. How much it has grown in that time is shown by a tabular view, on page 12, of the Fourth Annual Report of the Trustees. By this it appears that the patients admitted in 1864 numbered 475; in 1865, 1066; in 1866, 1432; and in 1867, 1534. During the same years the number of out-patients treated was 371, 1143, 3324, and 7015, respectively. The number of accidents seeking admission was, 129, 242, 345, and 328, respectively. The ratio of increase of 1867 over 1865—to compare only complete years—was, for in-patients, one half more; for accidents, one half more; and for out-patients, seven fold. It remains to be proved how much Roxbury will add to this natural annual increase. The beds were very evenly divided between the medical and the surgical cases—there being 690 of the former to 687 of the latter.

Among the total 1697 patients treated during the year, 146 died, being a mortality of $8\frac{1}{2}$ per cent. From this should be deducted three cases which died immediately on entrance; and, properly, a number of others, who were in a moribund condition when brought in, but who lived for some hours. A fair average of the mortality would be about *eight* per cent.

Besides the usual tables of expenditures and receipts, all the medical and surgical

cases are tabulated according to the nosological arrangement of Mr. Farr. Tables of ophthalmic cases and operations, of accidents, operations and results, and causes of death, as well as full tabular reports of the out-patients, are given.

Of the patients admitted, we find that 540 were natives of the United States, and 691 Irish—the balance being made up from all countries. The greatest number—321—came among the males from the class of laborers; and among the females, 332 were domestic servants.

There were performed in the surgical department 548 operations, and in the ophthalmic department 215 operations; making a total of 763 operative cases during the year, the greater portion of which were done in the amphitheatre and in public.

There were 328 accidents, of which 173 were fractures. The field for observing traumatic surgery is thus very extensive, and invaluable opportunities are afforded by these large clinics of casualties for seeing and comparing all the ordinary, and many unusual, injuries. The medical wards, also, have been re-filled many times with all forms of disease, including—in separate pavilions—even scarlet fever, smallpox, typhus, and other contagious maladies.

Clinical instruction has been given, and lectures delivered at the hospital, twice in each week, which have been largely attended.

"It will be seen," say the Trustees, "by the statistics heretofore given, that the out-patients' department has assumed very large proportions, and is constantly on the increase; this does not add materially to the cost of maintaining the hospital, as the services of the physicians and surgeons are gratuitous, and medicines are not furnished by the city, except in cases of actual need.

"An incalculable benefit is thus conferred by the medical faculty upon the suffering poor of our city, and many thus provided for would otherwise be admitted to the hospital, thereby considerably increasing the expense; in fact, it can readily be seen that this department is where the greatest number is assisted at the least cost."

"In June, 1867, the City Council appropriated \$16,000 for the erection of a building for out-patients in connection with the porter's lodge, and in July, the foundations of the Lodge being found in such condition

that it was deemed unsafe to build, in connection therewith, an appropriation of \$1,200 was made to take down and rebuild the same; the total amount being \$17,200.

"The building is now completed, and in addition to the accommodation of out-patients, it will prove convenient for coroners' inquests, funerals, &c.

This building is one story high, with a Mansard roof, and is 105 feet long by 33 broad. It is built of brick, trimmed with granite. It has a cemented and arched cellar, under the whole structure. It is finished entirely in chestnut, being panelled up about three feet from the floor. The latter is of hard pine. There is no paint about the building. It contains the following apartments:

The porter's room, or lodge, 13 feet by 19, with a vestibule 10½ by 12½ feet. Through this room is the only entrance to the hospital, other than by carriages. It is entered by large glass doors, opening on to the street; and through it, and under the porter's eye, must pass every person going in or out of the building. Here is kept a list of all patients, and in what wards they are to be found. All articles of food or drink brought the sick are inspected here, and often tabooed.

By a crank worked in this room, the carriage gates are opened with ease, and without stepping out of doors. In the reception of night accidents, this is found to be a great convenience. A lamp, sign and night-bell on the street direct the inquirer at night; and, within the grounds, a red lantern directs him to the door of the accident ward.

Over the porter's room, and an adjoining one for his private use, are four chambers, to be occupied by himself and wife. The whole building is heated by furnace, and supplied with wash-bowls, sinks and water-closets.

Passing straight on from the porter's room, we enter a corridor six feet wide by twenty-three long. The first door on the left opens into a room 12 feet by 18, furnished with settees, to be used as a waiting-room for those who come to be examined by the Admitting Physician. From this opens his private room, for examination, 11½ by 18 feet. At the bottom of the entry

we find a large door leading into a general out-patients' waiting room, 24½ by 30 feet. This large room is arched up into the Mansard roof, and is 18 feet high. It is filled with settees for the out-patients, and on the ophthalmic days these are occupied, on the average, by 130 patients. Large folding doors connect this with another room of equal dimensions, for examination and clinical instruction. This is furnished with desks, water-fixtures, gas, tables, cup-boards for solutions, collyria, &c., and a cabinet of wax models of the diseased eye. On three days in the week these rooms are occupied by the ophthalmic surgeon; and, on the alternate days, by the physician to out-patients. (The surgical out-patients are treated every day in four rooms adjoining the accident ward, in the basement of the surgical pavilion.) These two larger rooms, thrown into one by folding-doors, make an apartment 43 by 30 feet, well adapted for clinical instruction to a large class of students, or for lecture rooms; and equally well adapted for coroners' inquests, and funerals.

Beyond these rooms is still a third, or physician's private room, 12½ by 18 feet, arranged with a lounge, &c. for vaginal examinations, and with close shutters for the ophthalmoscope. A private door for the officers opens from this end of the building into the hospital yard.

The peculiarities of this new pavilion for out-patients are its plain and solid character, the large size of the rooms, and, from the fact of there being no attic story, the height and airiness of the apartments. Of a simple design and but one story high, it is a positive ornament to the hospital grounds—while in completeness of arrangements we do not believe it is surpassed, if equalled, by any similar building. It is equally well fitted for the seven thousand patients who now visit it, or for the much larger number who will repair to it years hence.

In closing this notice, it seems proper for us to add, for those of our readers who are at a distance, a few words respecting the true design of the City Hospital.

"There seems to be some misapprehension," say the Trustees, "on the part of many citizens regarding the class of persons for whom the Hospital was intended, and the Trustees are often solicited to admit

those who are in such condition as to be beyond the hope of cure, and who from lack of means, being paupers in the strict sense of the term, seek admission for the sake of securing a comfortable home until death shall relieve them from their troubles; and it is said by those interested in their behalf, that there is no reason for debarring them from this privilege, as the institution is a 'Free Hospital,' and the expenses thereof are borne by the tax-payers of the city. If this view of the case were correct, a few days would suffice to fill the wards to their utmost capacity, and vacancies would be caused by death only; but the trustees believe that neither the law, nor the intent of the originators, contemplated any such course. The act of the Legislature of 1858 reads as follows:

"The city is hereby authorized to erect and maintain a hospital for the reception of persons who by misfortune or poverty may require relief during temporary sickness."

The ordinance of the city says:

"The City Hospital is established for the reception of those only who require *temporary* relief during sickness. The Trustees may however admit other persons to the institution temporarily, when necessity requires; but such persons shall be removed to other appropriate public institutions as soon as their condition will permit."

It is distinctly laid down in the Rules of the Hospital that persons accidentally disabled or injured are received without question, and at all hours. No such person has ever yet been turned away from its doors.

All citizens of Boston, with any disease but the parturient condition, whose cases afford hope of relief by treatment, are admitted on the diagnosis and direction of the Admitting Physician. Any sick persons from anywhere outside of the city, whose cases give promise of relief, are admitted on paying board; either in the wards, or in elegant and wholly distinct private rooms.

The Hospital is tolerably complete in its medical, surgical, ophthalmic and contagious disease departments. Wards for sick children, and a lying-in department, are, however, much needed.

Even now, with Roxbury barely joined to Boston, there is a constant excess of in-patients. An average of 229 patients occupy the 220 beds the Hospital can accommodate, and a pressing want of more room is already felt.

According to the testimony of many medical gentlemen who have recently visited the hospitals abroad, the Boston City Hospital is not surpassed, in its buildings and generous provision for the sick, by any in Europe.

We may be allowed to add, for the benefit of physicians and students, that the former are always welcomed to visit its wards; and the latter have yearly an opportunity, not only for clinical instruction, but to reside within its walls as House-officers, if they excel in a competitive examination held annually by the medical staff.

ARTIFICIAL NOSE.—We are informed that a very good substitute for the nose lost by accident or disease, has been devised by Dr. A. S. Dudley, of Salem. Fastened securely to the face, it is said to bear an excellent resemblance to the lost organ.

EXAMINATIONS FOR SURGICAL POSITIONS IN THE U. S. ARMY.—We condense the following information from a circular received from the Surgeon-General's Office. A notice of the time and place of the examination will be found among our advertisements.

"All candidates for appointment in the Medical Corps, must apply to the Surgeon General, U. S. Army, for an invitation to appear before the Medical Examining Board. The application must be in the hand-writing of the candidate, stating age and birthplace, and be accompanied by testimonials from Professors of the College in which he graduated, or from other physicians of good repute. If the candidate has been in the Medical service of the Army during the war, the fact should be stated, together with his former rank, and time and place of service, and Testimonials as to qualifications and character from Officers with whom he has served should also be forwarded.

"Candidates must be graduates of some regular Medical College, proof of which must be submitted to the Board before examination, and must be between 21 and 30 years of age.

"The morals, habits, and physical and mental qualifications of each candidate will be subjects for careful examination by the Board, and a favorable report will not be made in any case in which there is a reasonable doubt.

"The following will be the general plan of examination :

"1. A short essay, either autobiographical or upon some professional subject—to be indicated by the Board.

"2. Physical examination. This will be rigid, and each candidate will be required to certify '*that he labors under no mental or physical infirmity, nor disability of any kind, which can in any way interfere with the most efficient discharge of his duties in any climate.*'

"3. Examination as to general aptitude and education.

"4. Written examination on anatomy, physiology, hygiene, surgery and practice of medicine.

"5. Oral examination on each of the above mentioned subjects, and also on obstetrics, general pathology, chemistry, toxicology, medical jurisprudence and materia medica.

"6. Clinical examination, medical and surgical, at a hospital.

"7. Performance of surgical operations on the cadaver."

MASSACHUSETTS MEDICAL COLLEGE.—The following are the names of the gentlemen who received their degrees on the 11th inst., with their residences and theses annexed :—

Aldrich, Ezra Barnes, *Lowell*,
Treatment of Phthisis.
Andrews, Charles Temme, A.B., *Nova Scotia*,
Typhoid Fever.
Barden, Edward Emery, *Rockport*,
Cellular Pathology.
Bishop, William Pallen, *New Brunswick*,
Pneumonia.
Boner, Charles Albert, *Boston*,
Phlebitis.
Boothby, Orson Alphonso, *Livermore, Me.*,
Pericarditis.
Botterell, James Albert, *St. Johns, N. F.*,
Vivisection.
Boyd, Robert, *Woodstock, N. B.*,
Alcohol.
Boyd, Robert Alfred, *Nassau, N. P.*,
Yellow Fever.
Brine, John Frederic, *Cape Breton*,
Oxygen.
Carpenter, Frederic Benoni, *Pawtucket, R. I.*,
Disinfectants.
Carroll, Albert, *Boston*,
Puerperal Convulsions.
Coleman, James Anderson, *Cornwallis, N. S.*,
Albuminuria.
Conant, Thomas, M.D., *E. Bridgewater*,
Hemorrhage.
Cushing, Henry Joseph, *Skowhegan, Me.*,
Typhoid Fever.
Donham, Benjamin Eugene, *E. Abington*,
Growth and Nutrition of Bone.
Dunbar, Edward Morris, *Springfield*,
Angular Curvature of the Spine.
Elliot, Herbert, *Halifax, N. S.*,
Language of the Muscles.

Fellows, Joseph Howe, *Nova Scotia*,
Peritonitis.
Folsom, Edward Channing, *S. Reading*,
Asthma.
Goodwin, Charles Quincy, *S. Reading*,
Opium.
Hanscom, Sanford, *Albion, Me.*,
Hydrophobia.
Holdrege, Sidney Latham, *Irrington, N. Y.*,
Disease.
Jackson, Walter Marsh, *Providence, R. I.*,
Acute Articular Rheumatism.
Jelly, George Frederick, A.B., *Salem*,
Compound Fractures.
Keith, Theodore Scott, *E. Bridgewater*,
Pneumonia.
Lane, Edward Stanley, *Lunenburg, N. S.*,
Opium.
Lund, Oscar Frederic, A.B., *Boston*,
Aneurism of Thoracic Aorta.
MacFarlane, Foster, *Gagetown, N. B.*,
Diphtheria.
MacLeod, Angus, *Charlottetown, P. E. I.*,
Apoplexy.
McRobert, Edward True, *Londonderry, N. S.*,
Typhoid Fever.
Maher, Thomas, *Providence, R. I.*,
Typhoid Fever.
Massey, John, *U. S. Army*,
Typhoid Fever.
Miller, Charles Nathaniel, *New York City*,
Syphilis.
Moore, Samuel Lawrence, *Boston*,
Erysipelas.
Morris, Charles Henry, *Halifax, N. S.*,
Diphtheria.
Munro, Kennedy, *Pictou, N. S.*,
Scarlatina.
Perry, Edward Everett, *Mansfield*,
Endocarditis.
Prittie, William Henry, *Boston*,
Mind in Disease.
Remick, Augustus, *N. Bridgewater*,
Insomnia.
Rowe, George Howard Malcom, A.M., *Boston*,
General Paralysis.
Ruddick, William Henderson, *Boston*,
Sympathetic Nerve.
Shreve, Charles James, *Chester, N. S.*,
Diphtheria.
Sutherland, Neil, *Boston*,
Ventilation.
Webster, John Ordway, *Augusta, Me.*,
Epilepsy.
Welton, Robert Bradley, *Nova Scotia*,
Saturnismus.
West, John, *Francestown, N. H.*,
Pneumonia.
Woods, Leonard, *Malden*,
The Thermometer in Disease.

THE USE OF HOLT'S DILATOR FOR STRICTURES OF THE URETHRA.—Dr. Hutchinson presented to the New York Pathological Society a specimen of stricture of the urethra, and gangrene of the lungs, occurring in the same individual. The patient was a sailor, thirty-eight years of age, admitted into the Brooklyn City Hospital, on the 9th of September last. . . . On entering the hospital a stricture was discovered two and a half inches from the meatus, and a second

one at a distance of five and a half inches. The first stricture could be passed with comparative ease, but through the second, not even the smallest instrument could be passed. An instrument was introduced from time to time, first, every fourth day, and subsequently every day, by the house surgeon, until at the end of the month a No. 1 bougie was successfully passed. On the 15th of October a sound was introduced into the urethra, and afterward the dilator of Holt, and passed back as far as seven and a half inches, but beyond this it was impossible to go into the bladder. Although the urine did not flow, the doctor felt satisfied that the instrument was entirely through the stricture; he therefore passed down a No. 10 staff and ruptured the stricture. Immediately after this a No. 7 catheter was passed and the urine drawn off. The operation was performed without the use of chloroform.

Immediately after the operation, a dose of quinine and opium was given; twenty-four hours afterward he had a chill, but the following day was quite comfortable. On the second day he had another chill; supposing then that the intermittent had returned, quinine was given which relieved him for seven days. At this time he was taken with a very severe chill and indications of double pneumonia. On the fifth or sixth day of the pneumonia the expectoration became excessively foetid, and continued so until the time of death, which occurred six weeks from the time of his entering the hospital. At the *post-mortem* examination a large cavity was found in the right lung filled with foetid fluid. The urethra shows that the first stricture was not ruptured, as any stricture that will admit a No. 5 sound is not ruptured by the instrument, but simply dilated. On going further back the second stricture is found to be ruptured. The third lobe of the prostate is considerably enlarged, which accounts for the difficulty in getting the instrument into the bladder.

In conclusion, Dr. Hutchinson stated that he had not used the instrument until recently, and had been led to adopt the practice, from hearing the very favorable results of Mr. McNemara, of the Dublin Hospital, who has operated some two hundred times, during the last seven years, without a single bad result. Dr. Whitehead did not think that, under ordinary circumstances, such an operation would be justifiable unless the urine could be seen to flow.

Dr. Hamilton stated that among his earliest recollections was the treatment of

urethral obstructions without the use of instruments, simply confining the patient to bed and putting him upon a low diet. About that time the favorite practice was that of forcible dilatation, and after that came the perineal incision of Symes. The conclusion that he has arrived at, from his own observation and experience, and observation of others, is that there are very few strictures through which the patient can pass water, which cannot be cured by gradual dilatation, without being attended with any hazard. His own convictions are in favor of regimen and gradual steady dilatation. He could not be convinced that rupture of a strictured portion of the urethra would not leave a liability to the formation of a traumatic stricture, quite as troublesome as the one which originally existed. In conclusion, he called upon Dr. Parker to state his views.

Dr. Parker quite agreed with Dr. Hamilton as to the importance of low diet and rest. These alone, in many cases, will effect a cure. He long ago learned an important lesson from the case of a young man who had been treated for stricture by mechanical means, without success. The same patient was afterward put upon a simple mixture of spirits of nitre, and a low diet enforced. The result was that he soon recovered, without any further use of instruments. He had never tried the instrument of Mr. Holt, but his prejudices were not in favor of it as a mode of treatment. He confessed himself somewhat amazed at the results of Mr. McNemara, and the question arose, whether there were not, in these two hundred favorable cases, many very trivial strictures. He thought it somewhat singular, *that every single case should have been successful*. Considering, also, that many of the patients were never observed again, he was inclined to regard the result as not entirely reliable. A single point had occurred to him in listening to the details of Dr. Hutchinson's case, whether a patient is not put in great danger by the rupture of a stricture, anterior to which there exists a second one, through which only a No. 4 sound can be passed. Whether it would not be better, in such a case, to dilate or rupture the most anterior stricture first, so as to obviate the possibility of any mechanical obstruction between the ruptured stricture and the meatus.

Med. and Surgical Reporter.

THE number of patients admitted to the Iowa Hospital for the Insane from Oct. 31, 1865, to Oct. 31, 1867, was 343.

MEDULLARY NEUROMA IN THE SUBSTANCE OF THE BRAIN.—We find in the *Archives Générales* the case of a man aged 35, who presented the symptoms of a cerebral tumor, characterized by gradual and progressive hemiplegia of the left side, intense and almost continued headache, repeated vomiting, and sluggishness of the intellectual faculties. Death occurred three months after the first symptoms appeared.

At the autopsy, a well-circumscribed and easily-enucleated tumor, the size of a large orange, was found in the substance of the right hemisphere, on the outer side of the lateral ventricle, which was flattened and pushed aside. The convolutions on the outer side of the hemisphere were flattened, but the cerebral substance around the tumor showed no lesion. The surface of the tumor was uneven, presenting lobules resembling small cerebral convolutions, and was of a rosy, grayish-white color, like that of the brain; it was covered by a fine, very vascular membrane. Two cysts, one the size of a hen's egg, were situated in its interior; they contained a greenish-yellow fluid. On section, the medullary appearance of the tumor was less marked than at the surface, from the greater consistence of the tissue and its greater vascularity; the surface of the section was mottled and on a rosy, whitish or grayish ground, a great number of hæmorrhagic points were seen; here and there were yellowish, fatty discolorations. Microscopic examination showed that it was composed almost wholly of young nervous elements in process of growth, which, though not disposed with great regularity, were, in general, cellular at its circumference and fibrous at its centre.

POST-MORTEM EVIDENCE OF RECOVERY AFTER RUPTURE OF THE DIAPHRAGM.—Prof. Jos. ENGEL, of Vienna, in the *Wiener Med. Wochenschrift*, 12th June, 1867, reports the case of a clergyman, 67 years of age, examined in the Institution for Pathological Anatomy. On the right side of the chest there was found a healed fracture of the ribs, beginning near the anterior extremity of the seventh rib, and ending at the fifth. There was no scar upon the skin.

On the superior portion of the liver, near the right side of the suspensory ligament, near its centre, the liver substance formed a perpendicular process, running superiorly, of a cylindrical form, and the end rounded off. Its height was five centimetres, and its circumference fourteen centimetres. This fitted exactly into a sac of peritoneum,

which penetrated the diaphragm at the anterior portion of the tendinous part. It was united to the base of the lung by adhesions, forming a complete hernial sac, containing a portion of liver. The liver was adherent to the diaphragm in several places. The right lung was adherent to the diaphragm throughout its whole extent. Concerning the nature or time of the injury nothing could be ascertained.

LIQUOR FERRI PERSULPHATIS AS AN ANTI-PERIODIC.—Dr. G. H. Lenoir states (*Southern Journal Medical Science*, Nov. 1867,) that he has tried the liquor ferri persulphatis in several cases of intermittent fever, where quinia had failed, and even produced unpleasant effects.

"Immediately after the administration of the iron the chills ceased, and in but one case was there a recurrence of the malady, and in that the patient had but one chill, after which there was no symptom of a recurrence."

He gave the solution in doses of from eight to fifteen drops every four or six hours, generally preceded by a full dose of pil. cathart. comp.

CUBEIC ACID.—The curative power of cubeba has been found to reside in cubebic acid, a crystallizable constituent, and not in the volatile oil or resins. From eight to thirty grains of this in pill, in twenty-four hours, completely cured three out of five patients in six days. In the remaining two the discharge was very much diminished.

Med. and Surg. Reporter.

ODD MEMBERS.—Sir James Y. Simpson stated at a late meeting of the Obstetrical Society of Edinburgh, that he had seen in his practice in that city seven cases of intrauterine amputation, all of the left arm, with rudimentary fingers existing; and he remarked that it was almost universally the left arm that was missing in these cases of odd members. Some years ago Prof. Simpson calculated that if this deformity occurred as often elsewhere as in Edinburgh, which was probably the fact, there must be from forty to fifty thousand such left-handed individuals in the world. The fact of the embryo generally lying on the left side might account for the left arm amputations. He related the case of a girl who had neither arms nor legs, residing in the Highlands of Scotland, and also that of a graduate of the University of Edinburgh, without arms, who wrote his exercises with his feet.

Correspond. Atlanta Med. Jour.

Selections and Medical Items.

VENOUS (AND MARS).—A Paris correspondent of the New York *Medical Record* tells the following amusing story:—

"One day lately, the *garçon de service*, employed in the wards of Dr. Fouquier, appeared with two black eyes, and his face covered with bruises. 'What is the matter with you, my man?' inquired M. Fouquier, always kind and polite. 'I have been fighting with M. Bouillaud's *infirmier*, but he is more done for than I am.' 'You were very wrong. What were you fighting about?' 'Because he insisted that it is always necessary to bleed in typhoid fever!' The gravity of the physician was not proof against this unexpected reply. When it is remembered that M. Bouillaud is the author of the famous system of bleeding in pneumonia twice a day, *coup sur coup*, and extends his sanguinary propensities to typhoid fever also, the belligerent enthusiasm of his humble subordinates may be easily explained."

OIL OF JUNIPER AS A DIURETIC.—Sir James Simpson, of Edinburgh, spoke, before the British Medical Association, in terms of high praise of this oil inhaled as a vapor in promoting the flow of urine. He puts a teaspoonful of the oil of juniper into a vessel of hot water, and directs the patient to breathe the steam. This gentleman, who is so well known as an advocate of chloroform in midwifery, at the same time expressed his belief that a century will find the profession administering all of our remedies in the form of vapors.—*Half Yearly Compendium of Medical Science.*

SEPARATION OF MEDICAL AND SURGICAL WARDS.—M. Mazzoni insists on the necessity of separating, even removing far apart, the surgical wards from the medical, that is to say, during the prevalence of variola, erysipelas, typhoid fever, &c. Puerperal fever is unknown in *La Maternité*, at Naples; not a case of this affection has appeared in the statistics of thirty years—compiled by M. Polasciano.—*Gazette Hebdomadaire.*

At the late commencement of the Bellevue Medical College Hospital, New York, the graduates numbered 111. Addresses were made by Mr. Clarence A. Seward and by Dr. F. H. Bosworth, of the graduating class.

The exercises of the Medical Department of the University of New York were held on the 3d inst. The address to the graduates was delivered by Prof. Darling, of the Medical Department. The number of graduates was 82. The following were the awards of medals of honor:—Mott medals, gold, to James Synott, Conn.; silver, to A. L. Ranney, N. Y.; bronze, to B. Hughes, Conn. Budd Prize, Thomas J. Moore, N. C.; Roosa Prize, W. J. H. Bellamy, N. C.; Buttles Prize, James C. Hallock, N. Y.

The sixty-first annual commencement of the College of Physicians and Surgeons, New York, was held March 5th. The number who received the degree of M.D. was 102. The award of Prizes was as follows:—Harsen Prize to Charles

A. Leonard, of Mass. Prizes for theses—1st, to Ed. Frankel, of New York; 2d, to Benjamin R. Swan, of Brooklyn.

It is proposed to build a hospital in Yonkers, N. Y. An organization has been effected and a board of trustees appointed.

MEDICAL DIARY OF THE WEEK.

MONDAY, 8, A.M., Massachusetts General Hospital, Med. Clinic; 9, A.M., Medical Lecture. 9, A.M., City Hospital, Ophthalmic Clinic.

TUESDAY, 9, A.M., City Hospital, Medical Clinic; 10, A.M., Medical Lecture. 9 to 11, A.M., Boston Dispensary. 10-11, A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, Massachusetts General Hospital, Surgical Clinic. 9, A.M., City Hospital, Ophthalmic Clinic. 9, A.M., Chelsea Marine Hospital.

THURSDAY, 8 and 9, A.M., Massachusetts Gen. Hospital, Medical Clinic and Lecture. 10-11, A.M., Massachusetts Eye and Ear Infirmary.

FRIDAY, 9, A.M., City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., OPERATIONS. 9 to 11, A.M., Boston Dispensary.

SATURDAY, 10, A.M., Massachusetts General Hospital, Surgical Visit; 11, A.M., OPERATIONS.

A Bulletin of Expected Operations, in both the Hospitals, will be found, weekly, at the office of the Boston Medical and Surgical Journal, and at Messrs. Codman & Shurtleff's, 13 and 15 Tremont Street.

TO CORRESPONDENTS.—Communications accepted:—Removal of Tamarind Stone from Trachea.—A Case of large Pulmonary Abscess.—Obstetrical Society Reports, No. I.

BOOKS AND PAMPHLETS RECEIVED.—Atlas of Venereal Diseases. By A. Cullerier, Surgeon to the Hospital du Midi, &c. Translated from the French, with Notes and Additions, by Freeman J. Bumstead, M.D., Professor of Venereal Diseases in the College of Physicians and Surgeons, New York. With 160 Colored Figures. To be completed in five Parts. Part I., pp. 140. Philadelphia: Henry C. Lea. 1868.—Felix von Niemeyer's Clinical Lectures on Pulmonary Phthisis. Translated by J. L. Parke. New York: Moorhead, Simpson & Bond. 1868.—On Chronic Alcoholic Intoxication. By W. Marcet, M.D., F.R.S., &c. First American, from Second English Edition. New York: Moorhead, Simpson & Bond. 1868.—Anthrax and Health. By George Derby, M.D. Boston: A. Williams & Co.—Fifty-fourth Annual Report of the Massachusetts General Hospital.—Report of the Officers of the Iowa Hospital for the Insane, for the Fiscal Years 1866-67.

DIED,—At Brunswick, Me., 7th inst., the venerable Isaac Lincoln, M.D., one of the oldest physicians in the State.—By accidental drowning in Fox River, at Algonquin, Ill., Dec. 26th, 1867, Henry C. Dean, M.D., a graduate of Harvard College, and late Surgeon in the Army.

DEATHS IN BOSTON for the week ending Saturday noon, March 7th, 1868, 113. Males, 67—Females, 46. Accident, 1—Inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 4—bronchitis, 7—cancer, 3—consumption, 13—convulsions, 5—croup, 3—diarrhoea, 1—diphtheria, 1—dropsy of the brain, 2—epilepsy, 1—erysipelas, 1—exhaustion, 1—scarlet fever, 12—typhoid fever, 1—disease of the heart, 5—excision of the hip, 1—infantile disease, 5—influenza, 1—insanity, 2—intemperance, 1—disease of the kidneys, 2—congestion of the lungs, 1—Inflammation of the lungs, 10—marasmus, 1—measles, 2—old age, 4—paralysis, 2—premature birth, 3—puerperal disease, 2—pyæmia, 1—rheumatism, 1—scalded, 1—disease of the stomach, 2—teething, 1—tumor, 1—unknown, 6.

Under 5 years of age, 52—between 5 and 20 years, 13—between 20 and 40 years, 17—between 40 and 60 years, 12—above 60 years, 19. Born in the United States, 86—Ireland, 21—other places, 6.

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Mch 19—4.

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Woburn, Ms., July 13, 1863. Jy. 16—4.

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- S. OAKLEY VANDERPOOL, M.D., General Pathology and Clinical Medicine.
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Ap. 11—4.

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Acetic, Lactic and Butyric Acid..	6.000	120
Extractive (underterm'd) Gadulin, &c	10.662	318
Non-oxygenous organic consti'ts	69.165	
Phosphorus and Phosphoric Acid..	2.090	113
Sulphur and Sulphuric Acid.....	200	71
Iodine.....	154	87
Chlorine with trace of Bromine....	1.525	149
Soda	1.170	65
Magnesia	366	9
Lime	510	152
Potash	211	none
Ammonia	2.862	none
Inorganic constituents.....	8.988	586
Water and Loss.....	21.747	3 009
	100.000	100.000

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Mch. 12—2m

WAR DEPARTMENT.

SURGEON GENERAL'S OFFICE,

Washington, D. C., March 2, 1868.

An Army Medical Board, to consist of Surgeon J. B. Brown, Brevet Brig. Gen'l U. S. A., Surgeon H. R. Wirtz, Brevet Lieut. Col. U. S. A., Surgeon John Moore, Brevet Col. U. S. A., and Asst. Surgeon A. A. Woodhull, Brevet Lieut. Col. U. S. A., will meet in New York City on the 1st of May next, for the examination of Assistant Surgeons, U. S. Army, for promotion, and of candidates for admission into the Medical Staff of the U. S. Army.

Applicants must be between 21 and 30 years of age, physically sound, and graduates of a regular medical college.

Applications for permission to appear before the Board should be addressed to the Surgeon General, U. S. Army, and must state the full name, residence, and date and place of birth of the candidate.

Testimonials as to character and qualifications must be furnished. If the applicant has been in the medical service of the Army during the late War, the fact should be stated, together with his former rank, and date and place of service, and testimonials from officers with whom he has served should also be forwarded.

No allowance is made for the expenses of persons undergoing examination, as it is an indispensable prerequisite to appointment.

The number of vacancies now existing in the Medical Corps of the Army is thirty-nine.

J. K. BARNES,

Surgeon General U. S. A.

A COURSE of Instruction in Midwifery, with Clinical cases, will be given at Hotel Pelham, Saturday afternoons, during the coming six months, commencing Saturday, March 21, 1868, by Dr. A. J. STONE, assistant in practice to Prof. H. B. Storer.
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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

DAVID W. CHEEVER, M.D., EDITOR.
OLIVER F. WADSWORTH, M.D., ASSISTANT EDITOR.

Whole No. 3090.
Vol. LXXVIII.

THURSDAY, MARCH 19, 1868.

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WAR DEPARTMENT,

SURGEON GENERAL'S OFFICE,
Washington, D. C., March 2, 1868.

As Army Medical Board, to consist of Surgeon J. B. Brown, Bre-
vet Brig. Gen'l U. S. A., Surgeon H. R. Wirtz, Brevet Lieut. Col.
U. S. A., Surgeon John Moore, Brevet Col. U. S. A., and Asst's
Surgeons A. A. Woodhull, Brevet Lieut. Col. U. S. A., will meet in
New York City on the 1st of May next, for the examination of As-
sistant Surgeons, U. S. Army, for promotion, and of candidates
for admission into the Medical Staff of the U. S. Army.

Applicants must be between 21 and 30 years of age, physically
sound, and graduates of a regular medical college.

Applications for permission to appear before the Board should be
addressed to the Surgeon General, U. S. Army, and must state the
full name, residence, and date and place of birth of the candidate.

Testimonials as to character and qualifications must be furnished.

If the applicant has been in the medical service of the Army during
the late War, the fact should be stated, together with his former
rank, and date and place of service, and testimonials from officers
with whom he has served should also be forwarded.

No allowance is made for the expenses of persons undergoing
examination, as it is an indispensable prerequisite to appointment.

The number of vacancies now existing in the Medical Corps of
the Army is thirty-nine.

J. K. BARNES,
Mch12—4Junc1 Surgeon General U. S. A.

ALBANY MEDICAL COLLEGE.—The next Course of Lec-
tures in this College will commence on the first Tuesday in
September, and continue sixteen weeks.

Materials for dissection are abundant, and furnished to students
on as reasonable terms as at any similar institution in the country.

A spacious Hospital has been opened nearly opposite the College,
to which students are admitted free of charge.

Clinical Lectures are delivered in the Hospital three days in the
week. Surgical Cliniques are held regularly in the Hospital and
College.

Professors.

- ALBION MARSH, M.D., Principles and Practice of Surgery.
JAMES MCNAUGHTON, M.D., Theory and Practice of Medicine.
JAMES H. ARBERRY, M.D., Descriptive and Surgical Anatomy.
JOHN V. P. QUACKENBUSH, M.D., Obstetrics and Diseases of Wo-
men and Children.
JACOB S. MOSHER, M.D., Chemistry and Medical Jurisprudence.
S. OAKLEY VANDERPOOL, M.D., General Pathology and Clinical
Medicine.
JAMES E. POMFRET, M.D., Physiology.
J. V. LAMSON, M.D., Materia Medica.

JACOB S. MOSHER, Reg'r.

Ap.11—4J.

TWO PHYSICIANS.—His attempts to extend a more advanced
knowledge of his specialty to physicians already in practice
having been so favorably commented upon by those of the profes-
sion who have attended the previous courses, and by the medical
press, Prof. HORATIO R. STORER will deliver his third private
course of twelve Lectures upon the *Treatment of the Surgical
Diseases of Women* during the first fortnight of June, at his
rooms in Boston.

Fee \$50; and Diploma required to be shown. Certificates of
attendance upon the courses already completed have been issued
to the following gentlemen: Drs. J. B. Walker, Union, Me.;
Alexander J. Stone, Augusta, Me.; Daniel Mann, Pelham, N.H.;
Augustus Harris, Colebrook, N.H.; J. W. Parsons, Portsmouth,
N.H.; E. F. Upham, W. Randolph, Vt.; G. E. Bullard, Black-
stone, Mass.; J. A. McDonough, Boston, Mass.; J. G. Pinkham,
Cambridge, Mass.; James Coolidge, Athol, Mass.; Thomas G.
Potter, Providence, R. I.; C. M. Carleton, Norwich, Ct.; T. Far-
rar, Hartford, Ct.; M. C. Talbot, Warren, Pa.; H. Gerould,
Erie, Pa.; W. W. Bancroft, Granville, Ohio; A. I. Beach, Bell-
ville, Ohio; Henry E. Paine, Dixon, Ill.; W. L. Wells, Howell,
Mich.; and W. A. I. Case, Hamilton, O. W.

A CLINICAL LECTURE upon the Diseases of Women will be
given every Wednesday afternoon at 4 o'clock, by Dr. H. R. STORER,
at his office.

Hotel Pelham, Boston, Jan. 1868. ff.

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Samuel Cabot, Chas. E. Ware,
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Henry I. Bowditch, Horatio B. Storer.

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July 18—tf

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Roxbury, Oct. 26, 1866.

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Mch. 22—tf.

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Chlocebon. Pulv.	-	-	-	4 dr.
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Mh14—1y

TEACHING FROM THE CHAIR AND AT THE BED-SIDE.

An Introductory Lecture delivered before the Medical Class of Harvard University, November 6, 1867, by OLIVER WENDELL HOLMES, M.D., Parkman Professor of Anatomy and Physiology. Printed at the request of the class.

In connection with the edition of Prof. Holmes's Lecture for the Medical Class, printed at the JOURNAL office, a small edition is issued for sale, and copies may be obtained of the Publishers, 336 Washington Street, at 25 cents each.

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One pint of the Elixir contains the virtues of one ounce of the Calisaya.

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This combination has now become exceedingly popular with the first physicians of the country, by whom it is efficiently and successfully used in gastralgia, laborious digestion, acid eructations, nausea, debility, and nervous derangements.

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Original Communications.

CASE OF CRIMINAL ABORTION, WITH
RETAINED PLACENTA, FOLLOWED BY
METRITIS, PELVIC CELLULITIS AND
PYÆMIA. RECOVERY.

Read before the Boston Society for Medical Observation,
by J. B. TREADWELL, M.D.

Mrs. L., æt. 32, married, mother of one child. Had an abortion three years ago. Has always been healthy.

Nov. 9th, 1867.—Saw patient for first time to-day. Now three months pregnant. During the last three weeks, has taken large quantities of "Dr. Cheesman's Female Pills," cotton root, and various other drugs and popular medicines, for the purpose of procuring an abortion, but without the desired result. On the 6th, four days since, she applied to a female abortionist, who attempted to rupture the membranes by means of some kinds of instruments. Labor pains commenced at 6 o'clock this morning, and have been regular and constant ever since. She also complains of great general uneasiness, and very severe pain in the abdomen which seems to be distinct from the labor pains. There is also considerable tenderness on pressure over the lower part of the bowels, which are somewhat protuberant and tympanitic. Vagina dry and hot. Os uteri dilated to the extent of three fourths of an inch in diameter, with the edges very ragged, as if they had been lacerated and torn. Patient has slept but very little during the last forty-eight hours. Pulse 120. Hot skin, and considerable thirst. To relieve the abdominal pain, which was very severe, I injected gr. ss. of morph sulph., subcutaneously, and ordered turpentine stupes to the abdomen.

10th.—Slept during night. Pulse 118. Less abdominal tenderness. Labor pains ceased during night, but commenced again at 8, A.M. Condition of os uteri same as yesterday. Opiate at night, if necessary.

11th.—Pulse 124. Slept some after opiate. More or less pain all night. Os uteri

rather more dilated. Continue fomentations.

12th, 8, A.M.—Fœtus was expelled about 12 o'clock last night; not much hæmorrhage. Os uteri one half inch in diameter. Placenta still remaining within uterine cavity. To have ext. ergot. fl. ℥xx. every half hour until four doses have been taken. 6, P.M.—Same condition of things as at morning visit. Made an attempt to remove placenta with forceps, but succeeded in getting away only a few small pieces, which were very soft, and offensive to the smell. Some hæmorrhage followed the attempt. Plugged the vagina, and ordered tinct. opii, ext. ergot., aa ʒss., to be taken at once.

13th, 11, A.M.—Much the same as yesterday. Pulse 128. General condition unsatisfactory. Made another attempt to remove placenta with forceps, but failed. I then gradually dilated the parts with my hand until I could pass one finger into the uterine cavity, and found the placenta adherent to the "fundus" anteriorly. Removed all that I could without the employment of more force than was desirable—making in all removed about one half the entire placenta. Plugged the vagina, and ordered tinct. opii gtt. xxx., to be repeated at 6, P.M.

14th.—Slept some after opiate. Pulse 120, moderately full. Considerable abdominal soreness and distention. Rather feverish during night. Tinct. opii p. r. n. Quinæ sulph. gr. i. 4 t. d. Stupes to abdomen.

15th.—Same as yesterday. Lochial discharge offensive. Pain and tenderness in left iliac region. Vagina to be syringed out with warm water three times a day. Continue treatment.

16th.—Passed an uncomfortable night. Abdominal symptoms as yesterday, with a little more tenderness and some induration in left iliac region. No vaginal tenderness, except when pressure is made upon the neck of the uterus. Pulse 130. Complains of slight pain in right elbow. Tincture of iodine painted over left iliac region. Spirit fomentations to elbow. Continue treatment.

[WHOLE No. 2090.]

17th.—Abdominal symptoms same as yesterday. Slight pain in right elbow. Temperature in right axilla, $102\frac{1}{2}^{\circ}$; in left axilla, $99\frac{1}{2}$. Pulse 148. Slight swelling and a tinge of redness about elbow-joint. Quinæ sulph. gr. ij. 4 t. d. Sherry $\frac{3}{4}$ ss. every three hours. Tr. ferri chlor. gtt. xx. 4 t. d. Opiate at night, if required.

18th.—Had a fair night. Pulse 130, stronger than yesterday. Elbow and arm and forearm about elbow more swollen than yesterday, with considerable redness. Temperature same as yesterday. Less abdominal tenderness. Wine increased to $\frac{3}{4}$ i. every three hours. Continue treatment.

19th.—More comfortable than yesterday. Temperature same as before, and no difference between morning and evening. Pulse 116, good. Continue treatment.

20th.—General condition about the same as yesterday. Complains of pain in right elbow, which is somewhat swollen and oedematous. Pulse 112. Temperature in right axilla, 103° ; in left axilla, 100° .

21st.—Complains of pain in left groin. Femoral vein hard and cord-like. Still some feeling of induration in left iliac region, and tenderness on pressure over uterine region. Vaginal examination reveals same condition of things as before. Tr. iodine painted over tender spot in groin, to be followed by warm fomentations. Continue treatment.

22d, 10, A.M.—Elbow more swollen, and rather severe pain for last four hours. Pitting on pressure, and obscure deep fluctuation in front of the joint. Pulse 130. Spts. frumenti $\frac{3}{4}$ vi. daily, in addition to wine. Continue treatment. 3, P.M.—Patient etherized, and several incisions made about joint, giving exit to considerable serum, with which the tissues in the neighborhood are infiltrated. Directly in front of the joint, opened into an abscess containing about $\frac{3}{4}$ ss. of not very unhealthy looking pus, which was evacuated, a counter opening made, and a small seton put in. Poultice, and sol. potass. permangan., $\frac{3}{4}$ ss. - $\frac{3}{4}$ i., for dressing. Continue treatment.

23d.—Feels better than yesterday. Pulse 128. Tenderness in groin about the same as before. Wine $\frac{3}{4}$ vij., whiskey $\frac{3}{4}$ vij., daily. Continue treatment.

24th.—Pulse 112, good. Discharge from elbow not very copious. Seton removed. Continue treatment.

25th.—Slight cough. Mucous râles and coarse crepitation heard at lower part of right back; slight dulness over same region. Pulse 120. Temperature 101° ; no difference between the two sides. Increase

whiskey to $\frac{3}{4}$ xij. daily. Turpentine stupes to chest. Continue treatment.

26th.—Thoracic symptoms improved. Rather more tenderness in left groin; no swelling. Pulse 108, good. Continue the treatment.

27th.—Generally the same. Lochial discharge offensive. Discharge from elbow nearly ceased. Vaginal injection of liq. sodæ chlorin. $\frac{3}{4}$ i.-Oj. Continue treatment.

28th.—Much the same. Incisions about elbow healing. Pulse 108, good. Continue treatment.

29th.—Same, except a little more cough; no physical signs. Continue treatment.

30th.—More tenderness about groin. Slight fulness in left iliac region. Continue iodine, and fomentations to groin and lower part of abdomen. Other treatment also as before.

Dec. 1st.—Lochial discharge nearly stopped. Pulse 108. Continue treatment.

2d.—Some pain in groin, but not severe. Slight abnormal fulness to the outside of femoral vessels. Not feeling as well as yesterday. Pulse 120, not good. Wine $\frac{3}{4}$ x., whiskey $\frac{3}{4}$ xij. daily. Continue treatment.

3d.—Had a restless night, on account of pain in groin. Swelling in groin slightly increased since yesterday. Obscure fluctuation below Poupart's ligament, and just to the outside of the femoral vessels. 3, P.M.—Patient etherized, and an incision made down to the psoas muscle, just below Poupart's ligament, opening into a somewhat diffused abscess containing $\frac{3}{4}$ iss. of sanious pus. There was a sinus running up along the psoas muscle over the brim of the pelvis. A counter-opening was made under the tendon of the rectus, on the outer aspect of the thigh, and a seton put in. Poultice, and sol. potass. permangan. for dressing.

4th.—Strength failing. Pulse 136, weak. Discharge from groin very copious, reddish in color, very thin and offensive. Seton removed; cavity syringed out with sol. pot. permangan. Wine $\frac{3}{4}$ xij., whiskey $\frac{3}{4}$ xij. daily. Continue treatment.

5th.—Appearing rather better. Pulse 124, and stronger. Dr. Samuel Morrill saw the patient, and gave a decidedly unfavorable prognosis. Continue treatment.

6th.—Rather stronger. Pulse 120. Discharge from groin very profuse, and unhealthy in character. Very profuse perspiration last night. To omit iron, and have all the iron and whiskey she can take. Continue quinine.

7th.—Chill at 6, P.M., followed by fever

and profuse perspiration, but feels pretty well this morning. Pulse 108. Continue treatment.

8th.—Considerable fever, followed by perspiration, last evening. Quiniae sulph. gr. ij. every hour until five doses have been taken, commencing at 10, A.M. Continue other treatment.

9th.—Much improved. But slight fever last evening. Pulse 108, good. Discharge from groin rather less, and better in character. No symptoms of cinchonism. Has taken fourteen ounces of wine and sixteen ounces of whiskey during the last twenty-four hours. Quinine as yesterday. Continue stimulants and injection of sol. potass. permangan.

10th.—Better. Pretty good night; no fever, and but little perspiration. Discharge from groin very much less. But little abdominal tenderness. Continue the treatment.

11th.—Same. Pulse 102. Continue the treatment.

12th.—Same. Quiniae reduced to gr. vi.

13th.—Not feeling so well. Fever last night, followed by perspiration. Pulse 112. Quinine to be increased to gr. viij. Continue treatment.

14th.—Had a good night, and feels much better this morning. Pulse 96, good.

It is unnecessary to give the daily record any further; suffice it to say that from this time she continuously and rapidly progressed toward recovery, so that she was able to sit up on the 28th, and a few days after was driven out.

There are a few points connected with this case which are worthy of notice. Notwithstanding the grave nature of the symptoms generally, the tongue continued moist and the appetite good, almost without intermission, throughout the entire duration of the case. The most nourishing food, mostly in liquid form, was given at intervals of three hours, and the consumption of a certain fixed amount rigidly insisted upon; perhaps this, together with the liberal use of stimulants, may have had a tendency to prevent the manifestation of unpleasant symptoms connected with the alimentary canal; at all events, it is certain that if in such cases proper food in sufficient quantity is withheld the stomach soon ceases to demand it at all. Although this patient has naturally an irritable nervous system, there was not any delirium, a symptom which might reasonably have been expected; and any tendency to unpleasant nervous manifestations was immediately relieved by the free use of stimulants. When

ever the quantity of stimulants was increased, the pulse was diminished in frequency and increased in strength and volume—a sure indication that they were required. At no time were there any indications of over stimulation. The action of quinine in preventing the return of the daily febrile exacerbation was marked and unquestionable. The rapid convalescence is also worthy of note.

CONTRIBUTIONS TO DERMATOLOGY.

(Concluded from page 547, vol. lxvii.)

LUPUS NON EXEDENS.—The tubercles of this variety of the malady can be destroyed by means of several kinds of caustic, and a healthy action excited. Squibb's "argenti nitras fusus," strong nitric acid, the acid nitrate of mercury, the chloride of zinc and the potassa fusa, are about the only ones that the surgeon need employ. Squibb's preparation of the nitrate of silver is cast into sticks about an inch in length and sharply pointed at one end. These sticks, or "points" as they are familiarly called, do not usually break very readily. They contain five per cent of chloride of silver superadded to the composition of the ordinary nitrate of silver—hence their hardness and superiority. Another advantage is that they always keep pointed while using them.

If the tubercles are situated on the cheeks, on the bridge of the nose, or the scalp, and the diseased structure is soft and boggy, the nitrate of silver points can be employed to plough through as it were the entire mass of tubercular formations, and thoroughly and effectually break them down so that they may not re-appear. If the complaint is very extensive, only a part should be attacked at any one time.

If the *alæ nasi* are to be treated, the nitrate of silver may not be the most suitable. It is somewhat inconvenient and a little difficult to employ it in this locality on account of the yielding and moving about of the parts when pressed upon with the force requisite to break down the tubercles. The permittate of mercury or the chloride of zinc perhaps will be found more convenient and equally effectual. The pain produced is about equal, whichever of the two is employed.

If the tubercles are situated on the ear, the silver can be passed directly through the whole mass and thoroughly break it up. There is generally quite free bleeding, and no small portion of the nitrate is mingled

with the blood and wasted without coming in contact with the morbid growths.

After the application of the caustic the surface is to be washed thoroughly in cold water, and water dressing used. Sometimes the ear thus operated upon swells enormously, and it is well to apprise the patient that considerable inflammation will supervene on the use of any caustic agent, whatever it may be. A warm soft poultice will now be required. In five or six days a slough will be detached, and a raw surface with a more or less healthy aspect will be brought to view. The repetition of a caustic may again be needed; but instead of the silver a thin coating of the chloride of zinc, or nitric acid, or the pernitrate of mercury, no matter which, will be followed by the development of healthy granulations with more certainty than would attend the employment of the former caustic. The base of the lupoid surface is in an atonic condition, and the application of the silver is of less promise than either of the other three just mentioned. For the rapid and certain destruction of the tubercular masses the nitrate of silver is the most efficient weapon, and here ends its superiority. Very likely other tubercles will spring up at some point in close proximity to the previous ones, in which case the silver will again be called for.

Sometimes when this variety of lupus is situated on one of the fingers or on the back of the hand of a hard laboring man—a fisherman, a blacksmith, a shoemaker or farmer—there will be a few tubercles present while other portions of the skin will be thickened with an unorganized mass of papillæ, or dry, hard, horny spines, closely crowded together and sticking out above the adjacent skin perhaps the tenth of an inch. These cases occur, but they are rare, and exceedingly slow in their growth. The best local application to these patches is the *potassa fusa*; and several days will be required for the action of this caustic to work its way down to the derma. When this is reached and the *debris* is removed, the exposed surface should be touched with a delicate coating of the chloride of zinc or acid nitrate of mercury or nitric acid. The tubercles are, as in all other instances and places, to be destroyed with the nitrate of silver points.

If the hypertrophied patch should be free from irritation and at the same time considerable cuticular desquamation overspreads the surface, acetic acid, diluted with two parts of water, will be found a suitable application.

The foregoing is about all the treatment which lupus non exedens admits of, wherever it may be situated.

Although success may for a time attend our efforts in reducing the disease to the lowest point possible, it will be well to apprise the patient that the tubercles will be very likely to re-appear; for the history of lupus abundantly proves that there is no variety which shows so frequent tendency to recur as the tubercular, and it is rarely in the power of medicine or surgery to destroy this tendency.

Sometimes the patient suffers from an attack of erysipelas during treatment, especially if the face is the part diseased. This occurrence has been known to act as a healing process to the lupoid affection and apparently to diminish the chances of a recurrence.

In the local treatment of *lupus exedens*, the first step is to clear away any scabs or incrustations that may have formed; then wipe away the ichorous or purulent deposit or blood that lies upon the ulcerated surface, which may then be touched with a sharp caustic. Various caustics have been recommended and have proved efficient in different hands. Hebra is partial to the nitrate of silver. In recent cases of small extent, or when the granulations are soft and readily broken down, this caustic is sufficient to accomplish the object desired; or when solitary tubercles spring up within the area or just outside of the diseased surface, as they are very apt to do, the silver is well suited to accomplish their destruction, which will very likely be followed by the healing up of the part which was the site of the tubercle. But where the surface is free from tubercles or the remains of tubercles, and is simply a lupoid ulcer, the nitrate of silver has proved, in my experience, less effectual than the acid nitrate of mercury or the chloride of zinc. Generally, this lupoid surface is seen dotted over with very minute granular bodies, as if a process of healthy granulations had been commenced, but arrested in their development. Such a surface is quite hard to the touch, much more so than a normal healthy granulating surface, and if an attempt be made to reach the bottom of this morbid growth with the silver, it is apt to be a failure. A thin slough is produced; but in five or six days the surface which yielded it will present an appearance identical with that exhibited before the application of the caustic in question. This mode of procedure, of course, is quite ineffectual, however long continued. Nothing like the

desired recuperative action is excited. With the acid nitrate of mercury, or the chloride of zinc, the depth to which they can be made to reach is almost unlimited; and yet their judicious application is free from danger, although not free from pain. If a large surface is diseased, only a small part should be subjected to the caustic at any one time. In two or three days, another section should be treated in like manner, and so on as fast and as far as the patient can tolerate. If the zinc is used, it should be in a state of perfect deliquescence. It is then of about the consistence of glycerine, and is to be applied with a camel-hair brush. Some writers advise that it be made into a paste with flour and glycerine; but when thus mixed it runs in every direction when applied to the skin, to say nothing of its comparative weakness in consequence of its union with the other two inert substances.

If the acid nitrate of mercury is selected, it is to be applied with a camel-hair brush, in the same manner as the chloride of zinc. If the strong nitric acid is preferred, it is to be made into a paste with sublimed sulphur, and applied by means of a glass rod or a wooden spatula, and may be allowed to dry on the part.

After the caustic is applied, the part is to be coated over with collodion. This dries at once, and serves to mitigate the pain. Nothing by way of interfering with the eschar should be allowed.

Hydrargyri Iodidum Rubrum.—M. Cazeau considered this the best topical application that could be employed in lupus. He used it in thin layers every six or eight days to small portions of the diseased surface at a time, in the form of a caustic ointment, made of equal parts of the iodide, oil and lard. Dr. Tilbury Fox, of London, in his valuable Treatise on Skin Diseases, regards the biniodide as superior to any other external application in bad cases of lupus. His formula is:—*R. Hydrargyri biniodidi, ℥i.; glycerinæ, ℥i. M.* I have tried this last prescription in three cases of lupous ulceration. It improved the condition of the affected parts, and in a few weeks cicatrization took place in a satisfactory manner. The action produced by it appeared to be quite similar in these cases to that of the chloride of zinc and the liquor hydrargyri pernitratiss.

Thus it will be seen that a variety of remedies have been tried, and have had their advocates from time to time, in the treatment of the malady under consideration. In some instances, the lesion is per-

fectly cured in a few weeks, and never returns; in others, the success is only apparent, for in a few weeks or few months, the abnormal action reappears, the patient exhibits unmistakable signs of a depressed vitality and vitiated condition of the blood; and, notwithstanding the most judicious efforts put forth for his recovery, the disease advances slowly to a fatal termination.

CHALK-EATING.

MR. EDITOR,—A gentleman who has been an occasional patient of mine for twenty-five years past, began the use of chalk in 1842. I have made notes of the case, when I have had occasion to see him, since April, 1844. For some time previous to using the chalk he was pale and sallow, and was affected with diarrhœa, which followed an attack of fever. His weight was then 135 pounds. During the first year, he took fifty pounds of prepared chalk, regained his health, and reached a weight of 180 pounds. The chalk was then omitted for a year or more, as his desire for it ceased. The year previous to May, 1846, he used about three fourths of a pound per week. In November, 1850, he reported a constant use of one pound per week, except for a short time when he was unable to procure it. His health continued good, and his weight was undiminished. Its use was then suspended for a year previous to July, 1852. From this date to the present time—February, 1868—a period of fifteen years and a half, he has continued to take it at the full rate, one pound per week. The total amount used, as nearly as it can be estimated, is 1050 pounds—half a ton of chalk in about twenty-five years! The chalk has been taken simply to satisfy a craving for it, and to relieve gastric irritation, which yields immediately to its ingestion. During the first half of the period, his health was not sensibly impaired by the use of chalk; latterly, however, he has been an invalid, and has led an inactive life; but how much of his debility and suffering have been due to the habit in question is not easy to determine. His bowels have been generally regular. His appetite and digestion are somewhat impaired, and his appearance is decidedly valetudinary. His age is 67 years, and his present weight is 145 pounds, being less than for two years past.

In January, 1867, I noticed a general discoloration or "bronzing" of the skin. His urine, being examined at the time, was of natural color, slightly alkaline, and free

from albumen. The dark color of the skin is now somewhat intensified, resembling a mulatto. There is some irregularity in the action of the heart, with a strong mitral regurgitant murmur. He uses tobacco, and stimulants in moderation, and for three years past has taken morphine not exceeding one grain daily. From the time of my first acquaintance with this patient to his commencing the use of chalk, he was subject to functional derangements of the stomach, which, during the next ten years, were relieved by the comparatively moderate use of his favorite article. During the later years, it is not improbable that the chalk has operated injuriously as an indigestible substance. I have reported the case, with its principal features, as a sort of medical anomaly, rather than with the belief that it possesses any practical importance.

W. W. ELY.

Rochester, N. Y., February, 1868.

Hospital Reports.

MASSACHUSETTS GENERAL HOSPITAL.

Surgical Operations for the week ending February 15th.
Reported by MESSRS. H. H. A. BEACH and
THOS. WATERMAN, JR.

(Continued from page 87.)

7. *Re-amputation of Leg.* By Dr. S. CABOT.—Patient, 22 years old, had his ankle-joint excised for necrosis, August, 1867. Two months later, owing to the unhealthy condition of the soft parts, the leg was amputated at the junction of middle and lower thirds. The stump was irritable, the skin adhering to the bones, and a sinus existing, which refused to heal under any treatment. Leg amputated by anterior and posterior flaps, periosteum scraped back, and an inch and a half of the bones removed.

8. *Necrosis of Tibia.* Dr. H. J. BIGELOW.—Male, æt. 58. Twelve years ago, had a compound fracture of both bones of left leg at its middle. In two years, the fracture had united and wound healed, but with deformity. Three years later, a "sore" appeared over point of fracture, which has refused to heal. Five weeks ago, after exposure, the limb became highly inflamed about this point, and increased till it was twice the size of the other, with an irregular ulcer, having an offensive grayish discharge. At the bottom of this ulcer could be seen the diseased tibia. The bone was exposed by incisions through the integument. Two discs were then removed from the involucrum, three inches apart,

and their periphery united by parallel cuts through the bone with a circular saw. A large quantity of necrosed bone was thus exposed and removed. There was considerable oozing from the cavity, which was plugged with dry lint and bandaged.

9. *Fistula in Ano.* Dr. S. CABOT.

10. *Painful Stump; Re-amputation of Leg.* Dr. H. J. BIGELOW.—Male, æt. 23. Four years ago, patient's right leg was amputated at the junction of the middle and lower thirds, while in the army. The stump has been painful and irritable since. One year ago, a large piece of necrosed bone was removed from its end. The cicatrix was firmly attached to the end of the bone, and pressure upon this occasioned tremor of the limb. Two lateral skin-flaps were made, and the limb re-amputated three inches above the original point.

11. *Lithotrixy.* Dr. S. CABOT.—Patient, 59 years old, has had an irritable bladder for ten years, and for the past five years has used a catheter. The urine contained an abundant deposit of pus and triple phosphates. As the prostate gland was about twice its normal size, there was a question between lithotomy and lithotrixy. This was finally decided by the character of the stone, which was found to be mainly phosphatic. The lithotrite was introduced—the bladder being full—and a calculus, two inches in diameter, was repeatedly crushed with slight force.

12. *Cancer of Breast.* Dr. H. J. BIGELOW.—Patient æt. 50. Six months ago, a "stinging" pain first called her attention to the tumor, which has grown to the size of a hen's egg. It occupied the middle of the right mamma, was movable on the surface beneath, but adherent to the integument over a space as large as a silver half dollar, which included the nipple. The tumor, together with the whole gland, including also the adherent integument, was excised.

13. *Hydrocele Tapped.* Dr. S. CABOT.

Operations for the week ending February 22d.

1. *Necrosis of Tibia.* Dr. R. M. HODGES.—Female, æt. 15. One year and a half ago, without known cause, commenced to have pain in right leg, which was followed by redness and swelling at a point midway between the ankle and the knee. In three months, a sore appeared over the tibia at the junction of the middle and lower thirds, from which was discharged, a short time after, a small piece of necrosed bone. Upon entrance, at the points described above the integument was red, swollen and œde-

matous, with a fistula communicating with dead bone. The fistula was extended down the leg by an incision through the integument over the crest of the tibia, for four inches. A section of involucrum, two inches long and one half wide, was removed by the chisel, and a sequestrum four inches in length extracted.

2. *Ganglion*. Dr. S. CABOT.—This young woman had a ganglion on the dorsum of the hand, of six months' duration. The capsule was divided subcutaneously, and the fluid squeezed into the cellular tissue.

3. *Abscess of Thigh*. Dr. S. CABOT.—This boy, æt. 16, had an immense abscess, of seven weeks' duration, occupying the whole front of the thigh. It was incised in two places, and a seton introduced.

4. *Anchylosis of Knee; Excision*. Dr. H. J. BIGELOW.—Male, æt. 12. When 7 years of age, received an incised wound, one inch in length, between the outer border of the patella and the external condyle of the femur, from a hatchet thrown with considerable force. Severe inflammatory action followed, confining him to his bed for nearly a year. A stiff knee, with the limb describing nearly a right angle, was the result. Upon entrance, measurements about both knee-joints did not vary. The patella was immovable, and there was no pain or evidence of disease in or about the stiff joint. Application for surgical treatment was made in consequence of the deformity, and the inconvenience while walking. A semi-lunar incision was made across the front of the joint from the inner to the outer ham-string, through the integument and fascia. The flap thus formed was dissected up, and a triangular section, the base of which measured two and a quarter inches in width by three in length, and to which the patella was adherent, was made through the condyles of the femur, the superior extremity of the tibia being left intact. The two new osseous surfaces were approximated, and retained in apposition by means of a No. 10 silver wire passed through holes previously drilled in both femur and tibia, then twisted in front. Four small vessels were tied, the wound closed by seven silk sutures, and a cold-water dressing applied, with compression, as there was considerable oozing. The limb was bandaged to a ham-splint and afterwards packed in a fracture-box.

5. *Cellulitis of Arm*. Dr. S. CABOT.—This man's forearm was jammed between the bunters of cars about twenty-four hours before he entered the hospital. He stated that the arm swelled to twice its natural

size in fifteen minutes after the accident. On examination, the whole arm was found immensely swollen from the fingers to the shoulder. The hand and forearm were almost black, vesicated, cold, and literally as hard as a board. No arteries could be felt. There was a fracture of both bones in the middle third. Six incisions were made in the forearm, varying from an inch to two inches in length, one incision on the back of the hand, and three in the upper arm. At the point of fracture, and for some distance above and below, the cellular tissue was infiltrated with blood, and large clots were peeled out through the incisions. The hæmorrhage was superficial and slight. Hot-water dressings were applied, and the arm placed upon a pillow. Four hours after the operation, the swelling had so far subsided that pulsation could be felt in the radial artery, the arm was warm, and by the next day the normal color was restored.

6. *Parotid Tumor; Excision*. Dr. H. J. BIGELOW.—Female, æt. 63. Eighteen years ago, there appeared over the left parotid gland an enlargement, which gradually increased for a period of eight years, when it was of the size of an English walnut. It was then excised, and the wound healed rapidly. Two years after, another growth made its appearance at the same point, and had continued to increase until her admission, when it measured three and a half inches in its vertical diameter and two and a quarter in its transverse diameter. It protruded two inches, was slightly lobulated, and firm with the exception of the most dependent point at its summit, where there was fluctuation—the integument here being quite thin and of a livid hue. An elliptical incision was made through the integument, the flap dissected up, exposing a cyst occupying one fourth part of the bulk of the tumor. It was opened, and two drachms of a coffee-colored fluid evacuated. The solid portion was then dissected from its base, to which it was firmly adherent. Three vessels required the ligature, and the wound was closed by six sutures. Dr. Bigelow stated that "the tumor was of the variety known and classified by Mr. Paget as mixed cartilaginous."

7. *Nævus*. Dr. S. CABOT.—Cauterized with a red-hot needle.

8. *Bursa*. Dr. S. CABOT.—A bursa, situated over the tendon of the patella, and of two months' duration, was incised freely, and a pledget of lint inserted.

9. *Wen of the Prepuce; Abcision*. Dr. H. J. BIGELOW.—Congenital. Had increas-

ed slowly within the last year, and was of the shape and size of a large acorn, fluctuated, and was attached to the prepuce. It was cut off, and the wound closed by four *serre-fines*.

[To be continued.]

BOSTON CITY HOSPITAL.

Medical Cases, by J. BAXTER UPHAM, M.D., one of the Visiting Physicians.

CASE I.—PROGRESSIVE LOCOMOTOR ATAXY; *without known cause, severe pain in lower extremities and sacral regions, diminution of sensation, irregular muscular action, incontinence of urine, loss of co-ordinate power; treatment by tonics, exercise and the electric current; apparent improvement.*—J. C., æt. 32, married, a stone-cutter by occupation, was admitted into Hospital Jan. 14, 1868. The following notes were taken at the time of his admission. Family history obscure. His health has been very good up to the last three years. Habits of late fair, though he owns to venereal excesses in his youth. Has had primary syphilis, not followed by secondary disease, so far as ascertained. Nine years ago had a severe fall on his back, which confined him to his bed and room one month. Has received some injuries from an accidental fall since. Patient dates the commencement of present attack at about the first of May last, when he observed some numbness about the toes of both feet, gradually extending up the leg, so that he could not walk as freely and with as much certainty as usual—"a velvety feeling" on touching the feet to the ground. Being questioned, says he has been troubled for more than a year previously, with violent pains in the legs and lower part of body. There is a wild look about the eyes. Has not noticed any thing like double vision, but thinks his sight has become dim. Says that within a few months numbness has reached middle of legs. Has now, at times, sharp pains in ankles and almost constant pricking sensations in heels, and at times in soles of feet. Sensation, as tested by the æsthesiometer, is deadened in these parts.

There are flying pains in knees and thighs. He has incontinence of urine and inability at times to retain the contents of the rectum. The upper extremities are free. There is no tenderness along the spine. Intelligence unaffected; tongue clean, natural, does not point to either side on protrusion. Pulse normal. Appetite good. Patient can stand or walk in a right line, with his eyes open and fixed on some point straight before him. He requires care, however, in turning round,

and his feet and legs are sometimes thrown about at random, giving him the appearance of a man slightly under the influence of liquor. When he attempts to stand with his eyes closed, says he has a sense of dizziness. With his feet in close proximity and eyes shut he would fall if not supported. His muscular strength, however, is almost unabated. He feels generally pretty well. Thinks he could still pursue his calling as a stone-cutter were it not for the necessity of standing at his work.

This patient remained in Hospital about four weeks, during which time tonics were administered; was kept on a generous diet, and encouraged to exercise daily by walking about the ward. The bowels were kept regulated. A current from Farmer's thermoelectric battery was passed through lower extremities, thighs and pubes for ten minutes each day. Was ordered likewise daily frictions with a lotion consisting of tinc. capsici ʒviii., spirit. vini gallici ʒi.

On the 17th February the patient was removed by his friends, under the impression on his own part that he had greatly improved.

This case, it will be seen, has most of the characteristics of those reported by Duchenne, Trousseau and others. Perversion of vision was not, however, as has been much insisted on by authors, a prominent symptom. There were the severe and tearing pains in the early and later stages of the case, symptoms which have been very carefully noted in connection with the disease, but which have never, as yet, been satisfactorily accounted for. The intellect, as stated by Lockhart Clarke in his St. George's Hospital Reports of this affection, was untouched. Trousseau's test of loss of co-ordinating power over the muscular actions, viz., the trial on the part of the patient to stand with his eyes closed and feet in juxtaposition, was in marked contrast with his ability oftentimes to maintain the erect position and a pretty direct course during locomotion; the latter, under a strong determination of the will, he could accomplish satisfactorily for a short time—the former, with however great exertion, never.

But little is claimed for the treatment adopted. Some good effect may have resulted from the use of the electric current, the frictions with tonics and good diet, and the regular exercise which was enjoined. Undoubtedly the rest and quiet of the Hospital, and the freedom for a time from the ordinary harassments of life, was of service, and tended, with the improvement of the

general health, to mitigate the symptoms during the brief time he remained in the wards.

CASE II.—EXTENSIVE CANCEROUS DISEASE in cavity of Thorax and Abdomen. Brief duration of the disease; Hydrothorax and Ascites; Perforation of Intestines, death; Autopsy.—Patient was a male, æt. 38; married; a machinist. Came into Hospital Feb. 11th. In good health till about four weeks previously.

When first seen, had enlargement of abdomen, with ascites, urgent dyspnoea, and an expression of much anxiety and distress; profuse and general diaphoresis, with symptoms of great exhaustion. Tongue red, moist, with dirty-white coat at sides. Respiration difficult, 32. Pulse 108. No appetite, extreme thirst. Bowels had been moved by some aperient before his entrance. Urine loaded with abundant sediment of mixed urates, acid, specific gravity 1025; without albumen, pus, casts or blood globules. Heart sounds natural; no jaundice, or particular tenderness or pain in hepatic region. Abdomen swollen, tense, with fluctuation. Œdema of feet and ankles.

These symptoms, in their main features, continued from day to day, rather aggravated than otherwise. Patient all along complained of weakness, exhaustion, insomnia, extreme thirst, and an undefined sense of pain in chest and abdomen.

The treatment was expectant. There being obstinate constipation, a draught of infus. sennæ and sulph. magnesias was given on the 14th.

On the 16th, being still no dejection, an enema of soap and water was administered, followed by a copious operation and sense of much relief. Infus. flaxseed with sweet spirits of nitre given for drink, and morphia *pro re nata*, nocté. General symptoms not relieved. At 11, P.M., on 17th, House Officer was summoned, who found the patient in violent pain—referred vaguely to left side of chest and abdomen—for which he applied sinapisms, and injected morph. sulph. gr. $\frac{1}{4}$ sub cuté. Patient soon after became quiet.

On the 18th, at morning visit, patient was found in great agony, tossing and rolling from side to side, striking the walls and furniture with his clenched fists—keeping the knees all the while drawn up against abdomen, which was exquisitely tender to the touch. Face pale, anxious, hippocratic. Pulse scarcely perceptible. Turpentine stupes were applied to abdomen, and morph. to extent of $\frac{1}{4}$ gr., injected sub cuté,

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He sank rapidly, and died at 11, A.M., same day.

A negative diagnosis only had been made out, except the supposition (established at this visit) that some rupture of the intestines had now occurred, allowing the escape of their contents into the cavity of the peritoneum, to account for the sudden and intense peritonitis and extreme suffering of the patient during his last hours.

Autopsy—made by my House Officer, Mr. G. F. Jelly, four hours after death. Rigor mortis marked. Lower extremities œdematous. Head not examined. **Thorax**:—Cavities of pleuræ contained from four to six quarts of fluid. Lungs, especially the right, in a state of hypostatic congestion, œdematous, crepitating, but friable. Between the lobes of the right lung were numerous, minute, prominent yellow deposits—lower portion collapsed. Diaphragm was much thickened and pervaded, on both surfaces, by a similar deposit. There was a large mass, adherent to the ribs, on the right, $\frac{3}{4}$ of an inch in thickness, covering nearly half of the diaphragm, to which the lower lobe of right lung was firmly glued. Heart normal. **Abdomen** much distended. On making incision, it was found to contain eight quarts of an opaque, dirty-colored fluid, of a lymph-like consistency. There was a general thickening of the peritoneum which was studded, upon its under surface, with numerous little nodules. Omentum much thickened and filled everywhere with similar masses, varying from the size of a marble to that of a hen's egg, and consisting of agglutinated and enlarged glands; a similar enlargement of the mesenteric glands throughout. The intestines were so glued together that the exact boundaries of any part could with difficulty be made out. Liver pale, somewhat increased in size. Upon upper surface of left lobe was a large, raised, yellowish white mass, an inch in diameter, and similar deposits were found on various parts of its upper and under surfaces. The walls of the gall bladder were thickened, and through them a hard mass could be felt. The pancreas was completely surrounded and imbedded in masses of indurated and enlarged glands.

Around the pyloric orifice of the stomach was a deposit similar to that found throughout the affected organs. The intestinal walls were thickened; near the lower part of the small intestine was a perforation $\frac{1}{4}$ to $\frac{1}{2}$ of an inch in diameter. At the point of perforation the walls of the intestine were at least $\frac{1}{4}$ of an inch in thickness. Spleen

small and flabby, but normal. Kidneys of natural size, and presented a mottled appearance from numerous raised yellowish white deposits. Dr. Swan, who examined the diseased parts microscopically, reports as follows: "The microscopic elements are principally nuclei, round, oval and otherwise, somewhat irregular. Occasionally a rather large caudate-cell, containing one of the nuclei. In one of the softer and larger nodules of the kidney a granular or fatty degeneration of the nuclei, looking like tubercular deposit, though in view of the whole case, undoubtedly cancerous."

Reports of Medical Societies.

OBSTETRICAL SOCIETY OF BOSTON. SECRETARY,
HOWARD F. DAMON, M.D.

JAN. 31st, 1868, 8, P.M.—The Society met at the residence of Dr. Lyman, the President, Dr. Putnam, in the chair. Dr. Damon was elected Secretary, in place of Dr. B. Joy Jeffries, resigned.

Dr. C. D. Homans inquired as to the causes of fatty degeneration of the placenta. He reported a case of a woman who miscarried at the eighth month, and in whom one third part of the placenta was in a state of fatty degeneration. The miscarriage was a provoked one. She had had several previous miscarriages.

Dr. J. P. Reynolds reported a case in which there was fatty degeneration of the placenta at six different labors. He attended the patient at the sixth confinement. She belonged to a phthisical family.

Dr. Sinclair thought that other organs, such as the liver, were apt to be fatty in phthisical patients.

Dr. Hooker spoke of the propriety of tying the umbilical cord before the pulsations cease. If the child cries, is vigorous and healthy, he ties the cord at once.

Dr. Reynolds said that he generally pursued the same course.

Dr. Putnam said that he always tied the cord at once, and that he never saw the least harm come from so doing. He thought that it would be a harm not to do it. He never ties the portion which is attached to the placenta; and thinks, by allowing the blood to escape from the placental end of the cord, that the placenta itself becomes more readily detached, as it then acts more like a foreign body in relation to the uterus.

Dr. Reynolds thought that the placental portion of the cord should be tied, in the

case of twins. He also ties the portion of cord attached to the child a second time, in order to prevent hæmorrhage from shrinking.

Dr. Ayer strips the cord, to get rid of fluid, before tying. He uses Dewees's method of dressing the cord.

Dr. Lyman asked if it was the practice for the physician to dress the cord.

Dr. Reynolds thought the real patient was the mother, and that she demanded the close attention of the physician.

Dr. Ayer asked whether it was the common practice to bandage the woman.

Dr. Lyman said that he always applied the bandage, and thought it of great benefit as a support about the hips, &c.

Dr. Putnam thought it might be ill applied, so as to hinder the action of the diaphragm.

Dr. Damon reported a case of rupture of a vein of the cord from improper dressing. The case was in the practice of another physician, and this duty had been entrusted to the nurse. A good-sized napkin had been used; and its weight had caused so much traction that the rupture in the vessel was produced at the distance of half an inch from the umbilicus. In the absence of the regular medical attendant, a ligature was applied by Dr. D. between the point of rupture and the umbilicus, and the hæmorrhage immediately ceased. The bleeding had been so profuse that the child died three hours afterwards, in consequence of exhaustion.

Dr. Reynolds reported the case of a woman, 22 years of age, who menstruated in May last, and who attempted to procure abortion on herself by the use of a variety of emmenagogues, such as large doses of ergot, &c. He saw the patient in November. She had had no menses then. The abdomen was not perceptibly enlarged. In January, there was uterine hæmorrhage, and a decidua was passed with the urine. This was followed, in two or three days, by an ovum twice the size of a hen's egg. It was his opinion that the ovum was destroyed in the second month, and carried until the eighth month.

Dr. Sinclair reported a case of phlegmasia alba, or *painless* white swelling of the lower extremity, which he had just seen for the first time. During the fifth month of her fourth pregnancy, the patient was seized with what was said to be pleuro-pneumonia, which confined her to the bed nearly six weeks. Immediately afterwards, the swelling commenced in the ankle and leg. She was delivered at the expiration of three

months, but the swelling continued. During the last six months, it has increased. The circumference of the swollen thigh now measures four inches more than the healthy one; and there is even greater difference in the circumference of the calves of the legs. There is no appearance of varicose veins, and there never has been pain in the groin, nor in the affected limb. The surface does not pit upon pressure, and is of a clear white—as white as marble. The swelling has continued two and a half years. Dr. Sinclair was of the opinion that this condition was due to disease of the lymphatic vessels belonging to the lower extremity. This patient was confined two years ago last September, and had a tedious labor. She was a fine, healthy-looking woman, but has been somewhat nervous during the past year, and does not sleep as well as usual. Her general health was improved, one or two seasons, while at the mountains, from exercise and change of air. Dr. Sinclair said that he had then under treatment a genuine case of phlegmasia alba dolens, or painful white swelling of the leg, and the contrast in the symptoms of the two cases was very striking.

Dr. Reynolds inquired whether any injurious effects were known to result to the fetus from the administration of the bromide of potassium in pregnancy.

Dr. Sinclair said that large doses of the chlorate of potassa had been given during pregnancy, with the view of preventing chalky degeneration of the placenta.

Dr. Lyman thought that the too free use of the bromide of potassium had a tendency to injure digestion.

Dr. Reynolds mentioned a case of bromism. The patient was scarcely able to walk or stand; he had a tottering gait, and slept the greater part of the twenty-four hours. He slept from 6, P.M., until 9, A.M., and had frequent naps during the day.

Adjourned at 10, P.M.

DR. WILLIAM JENNER, Professor of Medicine at University College, Physician in ordinary to the Queen, to whose investigations the profession owes much of its knowledge of the distinctions between typhus and typhoid fevers, has received the honor of knighthood.

M. Laugier has been elected to the place in the Académie des Sciences left vacant by the death of Velpeau.—M. Davaine has been elected to the Académie Impériale de Médecine to fill the place which Trousseau's death left vacant.

Bibliographical Notices.

Treatise on the Diseases of the Eye, including the Anatomy of the Organ. By CARL STELLWAG VON CARION, M.D., Professor of Ophthalmology in the Imperial Royal University of Vienna. Translated from the Third German Edition and edited by CHS. E. HACKLEY, M.D., and D. B. ST. JOHN ROOSA, M.D. With an Appendix by the Editors. New York: Wm. Wood & Co. Pp. 774.

RESERVING for a future time a more extended and proper review of this work, we cannot perhaps at present do better in this brief notice than quote the following from the translators' preface:—"The time has certainly come when a complete and acceptable treatise on the diseases of the eye, including its minute anatomy, will be cordially received by the American medical profession. We hope that the translation of Prof. Stellwag's book, herewith presented, may prove to be such a work.

"Doubtless, a compilation adapted more especially to the professional habit of thought in England and the United States would have some advantages over a work originally prepared for medical men speaking another tongue. But we have believed that the present work presented sufficient advantages to outweigh any such objections to it.

"Moreover, without disregarding the great assistance rendered by English and French surgeons, we must consider the present advanced position of ophthalmology as due, in a great measure, to the labors of the Germans. Under these circumstances, it seems just to recognize this fact by presenting a text-book which is regarded as one of the best in the German language.

"We had nearly finished a translation of the second edition, when the author informed us that a third was in preparation. The changes and additions were so many that we found it necessary to begin our work anew, and we accordingly translated this third edition from advance sheets sent by the author. Thus our labors as translators were greatly increased, but, on the other hand, we found very little to do as editors.

"Our work has been conscientiously performed, and yet, undoubtedly, many imperfections will be found, for which we ask the indulgence of the profession. We offer this book to our professional brethren with the firm conviction that those who give it a careful study will thereby lay the founda-

tion for a thorough practical knowledge of the diseases of the eye."

This, from a knowledge of the work in the original, and our inspection of the translation, we take great pleasure in being able to heartily and honestly endorse. Certainly our thanks are due to Drs. Hackley and Roosa for their labors in presenting Stellwag's book to the American medical public. Stellwag is by no means an easy author to render into English.

When we first heard that the translators were about to publish Stellwag's work, our impression was that it would have been perhaps better to have selected Wecker for re-appearance in this country, but we now feel that they were right, more especially as French is much more widely read and understood than German. Ophthalmology has within the last few years so pressed its claims that physicians and surgeons are quite often anxious to read for themselves, and till now the ophthalmic surgeon has had to refer his professional brother, desirous of reading in plain English the basis for his ideas, to a variety and a number of smaller works of which Stellwag's complete treatise will cover the whole ground.

With reference to the publisher's part of the work, we consider it highly creditable; and if the wood-cuts are not quite up to the original in clearness, it may be readily excused when we take into consideration the very heavy expense of reproducing plates in this country, and the large size of the volume. J.

URETHRA AFTER HOLT'S OPERATION.—Dr. Alex. Miller showed to the Edinburgh Medico-Chirurgical Society the bladder and urethra of a man who had suffered from stricture for many years. The stricture was "ruptured" according to Mr. Holt's method. The case proceeded perfectly satisfactorily till about a fortnight after the operation, when the patient took ill and died of obstruction of the bowels from a double twist on the ileum. The preparation shows the urethra without a trace of stricture or injury, eighteen days after rupture of the stricture; a remarkable testimony to the efficacy and safety of Mr. Holt's operation.—*Edinburgh Med. Journal.*

THE *London Times* states that an attempt was recently made to send through the post office a limb for dissection, but it was detected by its smell, and rejected.

Medical and Surgical Journal.

BOSTON: THURSDAY, MARCH 19, 1868.

MASSACHUSETTS GENERAL HOSPITAL.

THE Fifty-fourth Annual Report of the Trustees of the Massachusetts General Hospital is before us. Early in their report they remark on the sad fact that "Dr. J. Mason Warren, the chief of the present professional staff, and the venerable Dr. James Jackson, the Nestor of the medical profession in New England, have both died since the last report was made," and give at length the resolutions passed in respect for their memory.

"From the annexed report of Dr. Benjamin S. Shaw, Resident Surgeon, it appears that the number of patients at the hospital on January 1, 1867, was 95; received during the year, 1,206; total, 1,301. Of those received during the year, Americans, 46 per cent.; foreigners, 54 per cent. Fatal cases, 7 $\frac{1}{10}$ per cent. By recapitulation:—Hospital patients, 1,301; surgical out-patients, 1,596; dental patients, 973; medical patients, 2,957. Total, 6,827."

The Trustees give the following history and description of the new operating theatre:—

"In the last Annual Report reference was made to the importance of building a new and improved Operating Theatre. Plans were prepared by Messrs. Emerson and Fehmer, which met the approval of the professional staff of the Hospital, and on the 27th of March they were adopted by the Trustees, and a Building Committee, consisting of Messrs. Rogers, Bullard and Storow, was appointed, with full authority to construct the Theatre, at a cost not exceeding \$50,000. The work has been prosecuted under the direction of the Messrs. Harmon, and will be completed in a few days. A safe and commodious elevator has been added to the west end of the Hospital, by means of which patients can be conveyed to and from the different stories upon their beds, through a covered gallery, leading to the new Theatre, thus avoiding the discomfort of being taken upon stretchers up and down flights of stairs. The extreme dimensions of the new building are 124 by 84 feet. The Theatre proper is 57 $\frac{1}{2}$ by 47 $\frac{1}{2}$ feet, and 42 feet high. The structure contains convenient rooms for the reception of

patients, both before and after operations, rooms for etherization, for sulphur and other baths, waiting and examination rooms for out patients, a private operating room, offices for the surgeons and physicians, and the large Operating Theatre. No care or expense has been spared to make this Theatre as perfect as possible, both in relation to its requirements as an operating room and as affording the best opportunities to students for observing the operations themselves. The students will enter directly from the garden or by the gallery, and thus avoid the fatigue and annoyance of mounting several flights of stairs. Comfortable seats are provided for 380 persons, so arranged that each one will command an uninterrupted view of the table. Great care has been taken to secure light, heat and ventilation, and every available facility for affording the patient all the comforts which may mitigate his suffering and enable the surgeon to use his skill to its utmost limit. By this important addition to the Hospital, the surgical patients and students will be by no means the only gainers, since a much greater degree of quiet will ensue in the wards and halls of the main building.

Passing now to the Report of the Superintendent of the McLean Asylum for the Insane, we find a most interesting account of Dr. Tyler's experience among the asylums of Europe, last summer. So much has been said about the benefits of the domiciliary treatment of the insane at Gheel, that we quote the description of this institution in full:—

"In Belgium is the Colony of Gheel, a curious and interesting place; the town contains twenty-two hundred families, seven hundred of which have in their charge more than a thousand idiots and insane persons, and seven hundred others are ready to do the same thing. Gheel is located on a sandy plain; the village is a collection of plain stone and brick cottages, joining each other, and extending upon both sides of one long and several short streets. There are shops of different kinds, several inns and churches, one of which contains the Shrine of Saint Dymphne, the "patronne" of Gheel. At a short distance from the village is a substantial brick building, capable of containing fifty persons; this is the Infirmary. Here the Physician-in-Chief lives, and here all new comers are received and remain until their peculiarities are known and a suitable family can be selected for their home; hither also are taken all who become

violent or suicidal, or troublesome. The Colony is divided into several sections, and each of these has its physician and "guard." The latter is not a professional man; his duty is to look after the material wants of the patients, to see that they are well treated, and to give aid in any emergency. The Physician-in-Chief has the general direction and control, and to him the Section Physicians and guards report. The village constitutes a section, where those who are entirely quiet and well behaved live. In the other sections the cottages of the peasants are at some distance from each other, and are scattered over the whole commune. One section is devoted to epileptics, another to paralytics, and the one the most retired to the demonstrative and the noisy. In company with Dr. Bulckens, the Physician-in-Chief, I visited a large number of the houses in the village, and on another day went through the quarter of the excited. The patients are members of the family in which they reside, and fare as they do with the exception that they usually have the best rooms of the house. They are taught to obey their "nourriciers," and they hold to them much the relation of children in respect to discipline and expected obedience. Under this control they go to the field or shop to work, or, if incapable of labor, play, or busy themselves in some way about the house. Those who are disposed to run away wear shackles about the ankles; those who become troublesome are strapped in chairs or upon the bed. The cottages in which these people live are cabins of stone or brick, with little light, and having rough stone or earth floors, and, with the exception of a few in the village, are not tidy. One house only in the village could be called commodious and pleasant. This, with at most two others, were the only ones in which an American mechanic of any thrift would be content to live. The patients appeared to be kindly treated, though some of them told me that they were "sometimes beaten with a stick;" this might not have been so, but in any hospital it would be inquired about, and probably is there. Some of the pensionaires stroll idly about the streets, and these are exposed to the teasing of mischievous boys. One came into the hotel while I was dining and drank his glass of "eau de vie;" another, a woman, came in and was so loud and violent in her language as to disturb everybody. The landlady laughed at her, and calling her a great babbler, quietly sent her away.

"The foregoing account would seem

strange enough if nothing more were added, and, although true, would, without explanation, give an entirely untrue representation of what is really the sphere of this Colony. But the law of the country does not allow any person to be sent to Gheel, who, upon examination, can be considered curable, nor of incurables any one who is homicidal, suicidal, violent, of vicious propensities, or likely to run away. Only those who are quiet and docile can go there. Those who become otherwise after their arrival are restrained in their cabins or taken to the Infirmary, and if they continue so are removed to some hospital. A great majority are idiots, imbeciles, and the demented by epilepsy, paralysis, and from other causes. Only one person did I see, who, by the most sanguine stretch of hope, could be esteemed curable. They are persons who could be taken care of in a private family in any country, and are selected with this view; they are persons who would not be sent to a hospital in this country if they had any home, and for whom an American Superintendent would not consider a hospital requisite. And yet with all this care and sifting in their selection, there are some whom they do not manage, except with shackles on their feet—some who are confined to chairs and beds—some who commit acts of violence, and some who offend the moral sentiment even of Gheel.”

In England, says Dr. Tyler, the wealthier class of Insane are treated in private asylums.

“The smaller of the private establishments differ little from private houses, none having been built for the special purpose. The larger are sometimes one and sometimes several large houses, with parlors, reading and billiard-rooms below, and sleeping-rooms above stairs, and a dining-room for every one, two, or more persons, as they desire or choose to pay for. There is every facility for amusement and diversion; all have quite large and beautiful grounds—the fine English lawn, which in itself is of great beauty, the shrubbery and exquisite flower-beds and charming walks. Then there are the cricket, and bowling, and croquet-grounds, and tennis courts, and varieties of birds, statuary, and objects of curiosity, and abundant means of riding and driving, and in one instance horses and hounds are kept and used upon the large and splendid estate.”

This system is open to abuse; and it has the drawback of having no provision for work for the males. In England, also,

“Another great hindrance to the curative treatment of insanity comes from the fear lest the occurrence of a case of the malady in the families of the higher classes should be known, which leads to retaining the patient at home with that sort of service and immethodical attention which is more likely to aggravate than to ameliorate the disorder, and this is apt to be continued until the case becomes incurable. There is a feeling akin to the above in this country, a fear of the publicity which the taking a person to an Asylum gives, and a belief that this in some way fixes the fact of insanity. This feeling is very much less than it once was, and decreases as people take in the view that insanity is a disease and not a misstep to be ashamed of. But in England it is thought to be a disgrace; it is dreaded equally with crime and worse than death.”

Even in our own community, the writer deems it necessary to answer certain objections, as follows:

“A fear is sometimes expressed that the mutual influence of the insane in Hospitals may be injurious. Were it true that all sorts of cases, the gentle and the furious, the quiet and the boisterous; the scrupulously conscientious and the profane, were mixed together in a general jumble, the propriety of aggregation might well be questioned. It is true that some forms of disorder would only be aggravated by association with certain others. In all our Hospitals this is recognized even in their construction. A most careful system of classification is instituted, and is a matter of daily study and revision, so that those shall be domiciliated together who will pleasantly and favorably influence each other, and not otherwise. Experience proves that this can be done, and that by association the insane can do for each other what the sane cannot do for them.”

We cannot close better than by quoting Dr. Tyler's final remarks.

“Every step taken in providing for the insane should recognize that they are sick, that their sickness is oftentimes curable, and, like other maladies, curable in proportion to the promptness with which treatment follows the attack, and that therefore as few obstacles as possible should be in the way of their receiving treatment—that some restraint is necessary for this class and for the demonstrative, that others can be safely allowed a large amount of personal freedom, that all are dependent in differing degrees upon others to look after and act

and care for them, some needing but little attention, others being easily guided, while a portion cannot, without aid, make a single move in a right direction; that it is a bounden duty to meet every want as far as possible, to afford every necessary comfort, everything pleasing to the eye and every agreeable diversion to the thoughts, so that these sufferers may be compensated as far as it lies in human power for their great misfortune—the loss of reason.”

COMMENCEMENT AT THE MEDICAL SCHOOL OF HARVARD UNIVERSITY.—The annual commencement exercises were held at the College on Wednesday, the 11th inst. After a prayer by the President, and the reading of dissertations by several members of the graduating class, the degrees were conferred upon the graduates. The names of these gentlemen were given in our last issue.

The annual address was then delivered by Samuel Eliot, LL.D. Mr. Eliot spoke of the study of the human organism and the science of medicine as the grandest of all studies. Medicine found its proper sphere not only in the treatment of diseases, but in the measures fitted to prevent their occurrence; and the benefits of suitable sanitary and hygienic measures in checking disease were referred to. He deprecated the too prevalent mania for the foundation of new schools, and recommended that the efforts put forth in this direction be turned to providing for the better support of those now existing. Only in this way could the demand which the community had a right to make for the thorough education of the physician be complied with, while the multiplication of schools must tend to lower the standard of professional attainments. The needs of the Medical Department of Harvard University and its claims upon the community were set forth, and the establishment of free scholarships in medicine, as in other departments, was advised. In conclusion, the recent graduates were exhorted to maintain the high reputation of the school.

The exercises were concluded with a benediction by the President of the College.

ELECTION OF HOUSE OFFICERS AT THE CITY HOSPITAL.—Thirteen candidates presented

themselves for the posts of house officers at the City Hospital for the ensuing year. After a competitive examination, held on the 14th ult., the following were elected:—Senior House Physician, O. W. Doe; Junior House Physician, F. W. Goss. Senior House Surgeon, F. W. Draper; Junior House Surgeons, J. H. McCollom, Geo. B. Shattuck. Ophthalmic Interne, Henry F. Borden; Ophthalmic Externe, A. R. Hahn.

RADICAL CURE OF HERNIA.—We take the following from a notice in the *Med.-Chir. Rev.*, of “Clinical Surgery in India,” by Dr. Fayrer, Prof. of Surgery at Calcutta. In endeavoring to produce a radical cure in cases of hernia, Dr. Fayrer has used Wützer’s method, and a modification of it devised by himself. The modification is very slight, and consists chiefly of an alteration in the shape of the wooden plug which is employed to retain the invaginated skin; so that the principle of the operation is the same as that of the German one. Both of these methods seem to have yielded very fair results; and, as Dr. Fayrer subjected his patients to severe tests before he reported his cases, we are bound to give due weight and consideration to his statistics. By Wützer’s method he reports 12 cured and 7 benefited, out of 22 patients who were operated on. By his own method he reports 24 cured and 6 benefited, out of 38 patients who were submitted to operation. In no case was there any serious symptom, still less any fatal issue, arising from the attempt to bring about a radical cure of the disease. These figures must be considered satisfactory, as far as they go. They are probably as favorable as those which can be quoted in support of any operation of this class; for it seems tolerably certain that we have not yet found means (if, indeed, we ever shall find means) of effecting a radical cure in all cases of this formidable disease.

HEARTBURN.—Dr. F. W. Pavy (*Digestion and its Disorders*) says, in speaking of this very common complaint, that rich living is a frequent source of its production. He is inclined to think that the burning sensation at the pit of the stomach is due to a retrograde flow of bile into the cavity of the viscus, but Dr. Leared believes it to be produced by butyric acid, either taken with pastries or formed in the process of imperfect digestion. The treatment advised is mainly comprised in the administration of alkaline reagents.—*Med. Gazette.*

Selections and Medical Items.

DANGEROUS EFFECTS FROM THE NEW ANÆSTHETIC, TETRACHLORIDE OF CARBON.—Dr. Andrews reports, in the *Chicago Medical Examiner*, a case under his care in which trial was made of the new anæsthetic by Dr. Protheroe Smith, of London. The patient was in a very exhausted and anæmic condition from the effects of hip-joint disease, and the operation (resection) was performed as a last resort. The anæsthetic was administered upon a napkin placed in a paper cone and held a short distance from the face. All went well at first, but in a few minutes the pulse suddenly increased in frequency until it became too rapid to count, and at the same time the patient complained of violent pain, as of cramp, in the region of the heart. In a moment more, the pulse and respiration had ceased. The employment of artificial respiration, together with other measures, revived the patient, and ether was used to complete the operation. Dr. Andrews adds:—"The patient was much nearer death than I ever saw one go under ether. I certainly shall not venture on the use of the article again, unless very extensive experience by others demonstrates its safety."—*Pacific Med. and Surg. Journal*.

FATTY TUMOR NEAR THE ANUS.—Dr. Day reported the case to the Medical Society of London. A gentleman had consulted him for irritation of the rectum, when, on examination, the swelling, which was as big as a hazel nut, was discovered. It was at first thought to contain fluid, but on puncturing it its real fatty nature was ascertained. Dr. Day brought it forward chiefly on account of its rare position, and of its being an appropriate sequel to a case the President had exhibited, of fatty tumor in the dorsum of the foot, at a previous meeting.—*Lancet*.

CHRONIC PLEURISY TREATED WITH TANNIN.—Dr. Duboné, of Pau, records in the *Bulletin de la Société de Med.-Chir. de Bordeaux* (Bull. de Ther. lxxiii., p. 47, July 15, 1867), two cases in which extensive pleuritic exudation, with perforation to the bronchi and fast failing of general health existed. Both patients received sixty centigrammes of tannin daily, and after some days unmistakable improvement set in, which was followed by entire recovery. According to Duboné, the favorable effect is produced by diminishing the secretions of the bronchial tubes and pleura and improving nutrition.—*Med. & Surg. Reporter*.

ABNORMALITY OF THE KIDNEYS.—Mr. Kelley recently exhibited the specimen to the Pathological Society of London, there being two on the right side and none on the left. They were placed the one above the other, the right being uppermost.—*Lancet*.

HORSEFLESH IN ENGLAND.—A luncheon off horse, the *Parochial Critic* tells us, took place at the Queen's Elm, Fulham road. Fourteen guests sat down to the table, and were unanimous in their approval of horseflesh.—*Med. Times & Gaz.*

DR. JOHN DAVY, brother of Sir Humphrey, widely known for his physiological researches, died in January, aged 77.

SIR DAVID BREWSTER, the distinguished philosopher, and the venerable Principal of the University of Edinburgh, died Feb. 11th, aged 87. Among those mentioned as successor of Sir David Brewster are Mr. Syme, Prof. Playfair, Sir Wm. Thomson, Sir Alex. Grant, Sir James Y. Simpson and Prof. Christison.

In the Medical Department of the Louisville (Ky.) University, March 2d, the medical degree was conferred upon forty-six graduates.

In the Cincinnati Medical College, there were nine graduates; in the Miami Medical College, same city, twenty-nine; Medical College of Ohio, fifty-four.

DR. CHARLES CARROLL LEE has been appointed Visiting Physician to the Charity Hospital, Blackwell's Island, New York, *vice* Dr. F. A. Burrall, resigned.

MEDICAL DIARY OF THE WEEK.

MONDAY, 8, A.M., Massachusetts General Hospital, Med. Clinic; 9, A.M., Medical Lecture. 9, A.M., City Hospital, Ophthalmic Clinic.

TUESDAY, 9, A.M., City Hospital, Medical Clinic; 10, A.M., Medical Lecture. 9 to 11, A.M., Boston Dispensary. 10-11, A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, Massachusetts General Hospital, Surgical Clinic. 9, A.M., City Hospital, Ophthalmic Clinic. 9, A.M., Chelsea Marine Hospital.

THURSDAY, 8 and 9, A.M., Massachusetts Gen. Hospital, Medical Clinic and Lecture. 10-11, A.M., Massachusetts Eye and Ear Infirmary.

FRIDAY, 9, A.M., City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., OPERATIONS. 9 to 11, A.M., Boston Dispensary.

SATURDAY, 10, A.M., Massachusetts General Hospital, Surgical Visit; 11, A.M., OPERATIONS.

A Bulletin of Expected Operations, in both the Hospitals, will be found, weekly, at the office of the Boston Medical and Surgical Journal, and at Messrs. Codman & Shurtleff's, 13 and 15 Tremont Street.

TO CORRESPONDENTS.—Communications accepted:—Cases of Ovariectomy.—Poisoning by Bromide of Potassium.—On Sulphate of Zinc in Dyspepsia.—Another Use for Bromide of Potassium.—Excision of the Lingual Nerve.—Cases of Acute Bright's Disease.

Communications declined.—On the Dynamics of Inflammation.

BOOKS AND PAMPHLETS RECEIVED.—Electro-Physiology and Therapeutics; being a Study of Electrical and other Physical Phenomena of the Muscular and other Systems during Health and Disease, including the Phenomena of the Electrical Fishes. By Charles E. Morgan, A.B., M.D. New York: Wm. Wood & Co. 1868.—First Annual Report of the Trustees of the Peabody Museum of American Archaeology and Ethnology.

DEATHS IN BOSTON for the week ending Saturday noon, March 14th, 1868, 108. Males, 60—Females, 58. Accident, 3—aneurism, 1—apoplexy, 2—congestion of the brain, 1—disease of the brain, 1—Inflammation of the brain, 2—bronchitis, 1—cancer, 4—consumption, 24—convulsions, 3—debility, 1—diarrhoea, 1—diphtheria, 5—dropsy, 2—dropsy of the brain, 2—erysipelas, 2—scarlet fever, 7—gastritis, 2—haemorrhage, 1—disease of the heart, 2—infantile disease, 1—intemperance, 3—disease of the kidneys, 2—disease of the liver, 3—congestion of the lungs, 2—Inflammation of the lungs, 3—marasmus, 2—measles, 2—old age, 2—paralysis, 2—peritonitis, 1—pleurisy, 1—premature birth, 2—puerperal disease, 2—scrofula, 1—disease of the spine, 1—suicide, 1—unknown, 8—varicella, 1—whooping cough, 1.

Under 5 years of age, 39—between 5 and 20 years, 13—between 20 and 40 years, 30—between 40 and 60 years, 15—above 60 years, 11. Born in the United States, 79—Ireland, 21—other places, 8.

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Prof. Garreau's Analysis of Cod-Liver Extract compared with Analysis of Cod-Liver Oil by De Jongh.

	COD-LIVER EXT.	COD-LIVER OIL
Oily Acids and Glycerine.....	none	97.967
Ichthyoglicine	50.000	none
Propylamine	2.515	none
Acetic, Lactic and Butyric Acid..	6.000	120
Extractive (undetermined) Gadin, &c	10.662	318
Non-oxygenous organic consti's	69.165	
Phosphorus and Phosphoric Acid..	2.090	113
Sulphur and Sulphuric Acid.....	300	71
Iodine.....	154	87
Chlorine with trace of Bromine...	1.525	149
Soda	1.170	55
Magnesia	366	9
Lime	510	152
Potash.....	211	none
Ammonia	2.892	none
Inorganic constituents.....	8.968	566
Water and Loss.....	21.747	3.009
	100.000	100.000

The extract is thus shown to contain 135 times as much non-oxygenous organic substances as the oil, and 15 times as much of inorganic elements. Those two classes of bodies together form 78.163 per cent of the extract, but only 1.024 of the oil. In a tablespoonful of the oil, which comprises 240 grains, there are therefore present hardly 2½ grains of the above matters, while the extract is almost wholly composed of them.

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References.—E. Cutter, M.D. Woburn; O. A. Judson, M.D., Washington, D.C.; O. P. Sweet, M.D., Washington, D.C.
D6—3m*

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OLIVER F. WADSWORTH, M.D., ASSISTANT EDITOR.

Whole No. 2091. }
Vol. LXXVIII. }

THURSDAY, MARCH 26, 1868.

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Prof. Garreau's Analysis of Cod-Liver Extract compared with Analysis of Cod-Liver Oil by De Jongh.

	COD-LIVER EXT.	COD-LIVER OIL
Oil Acids and Glycerine.....	none	97.967
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Sulphur and Sulphuric Acid.....	200	71
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Soda.....	1.170	55
Magnesia.....	366	9
Lime.....	510	152
Potash.....	211	none
Ammonia.....	2.862	none
Inorganic constituents.....	8.988	586
Water and Loss.....	21.747	3.009
	100.000	100.000

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Refers to Editors of this Journal.

Aug. 10.

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Prepared by JOSEPH T. BROWN,

Pharmacist,

Ap. 26—11

292 Washington, cor. Bedford Street.

CUTTER RETREAT FOR NERVOUS INVALIDS, PEPPERELL, MS.—Dr. JAMES S. N. HOWE, for many years associated with the late Dr. CUTTER, still continues in charge of this Establishment. He can receive into his family a few additional patients, and will devote himself specially to their care and comfort.

Dr. H. is permitted to refer to

- Dr. Tyler, of the McLean Asylum.
- Dr. N. B. Shurtleff, Boston.
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Je28—11.

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May 19, 1867.

I. M. HOWARD.

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(Second Letter.)

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Je.20—6m.

DISEASES OF THE EYE.—A Practical Guide to the study of Diseases of the Eye. By HENRY W. WILLIAMS, M.D., Ophthalmic Surgeon to the City Hospital, &c. &c. SECOND EDITION, revised and much enlarged, with numerous Plates and Test Types. Just published by Ticknor & Fields, and for sale by all Booksellers.

June 20th, 1887.

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My24

WILLIAM READ, M.D.

873 Washington Street, Boston, Ms.

MASS. GEN. HOSPITAL,

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William Read, M.D.

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To the responsible duty of preparing PHYSICIANS' PRESCRIPTIONS, the same prominence will be given as heretofore.

S. M. COLCORD having retired from the firm of S. M. Colcord & Co., and being now associated with T. METCALF & Co., takes this occasion to thank his old friends and customers for their liberal patronage in the past, and assures them that no efforts will be spared in the future to retain their confidence and to meet their wants—with his present improved facilities—as well in regard to quality and price of goods, as to the general advancement of all that relates to Pharmacy and an orderly drug business.

July 17—4.

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Each teaspoonful of the Elixir contains one grain of the Salt of Phosphorus and Iron, and each pint contains one ounce of Royal Calisaya Bark.

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One pint of the Elixir contains the virtues of one ounce of the Calisaya.

Ferro-Phosphorated Elixir of Calisaya, with Sub-Carbonate of Bismuth.

This combination has now become exceedingly popular with the first physicians of the country, by whom it is efficiently and successfully used in gastralgia, laborious digestion, acid eructations, nausea, debility, and nervous derangements.

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May 30.—cow 1yr.

Original Communications.

CASE OF GRAVES'S DISEASE.

Read before the Suffolk District Medical Society, January 25th, 1868, by F. I. KNIGHT, M.D.

A. S., a lithographic printer, 33 years of age, married, was born in Baden, and has been in America fifteen years. His father and mother, who had no disease resembling his own, had six children, two of whom died of diseases peculiar to females. One brother, who still lives in Germany, has a goitre, and another—in America—has developed cardiac disorder of some kind. The third brother has poor health. In youth, the patient was always strong, and had no serious sickness. He has always been near-sighted.

When 18 years of age, that is, twenty years ago, he began to notice some palpitation of the heart, and enlargement of the thyroid gland in its left lobe. He had experienced no fright, and knows of no particular cause for the trouble. These symptoms—the palpitation of the heart and the enlargement of the thyroid gland—have continued and gradually increased up to the present time, and the beating of the heart has sometimes been heard at a distance. He has never suffered much inconvenience from them till the past six months. He was accepted and served several years in the army at home, and also served three months in the U. S. Army during the late war. He had some fevers, but never rheumatism or disease of the kidneys. He says that he has had a little cough for a long time. It is sometimes increased by taking cold. He has never had hæmoptysis. For six months past he has been failing; he has lost much flesh and strength, and he has had an increase of cough, and considerable dyspnoea. For six weeks he has been unable to work.

On the 9th inst., he applied at the Dispensary on account of palpitation of the heart; he complained also that for fourteen days he had been dizzy, and had had spots flitting before his eyes, and that his eyes

burned when he looked steadily at any object. He complained also of irritability of temper, and sometimes numbness of hands, arms and head. His face was thin, his cheeks flushed, and his eyes had a peculiar shining look. There was no appearance of anæmia, and no cedema. Irritation of the epidermis caused no remarkable phenomena. His pulse was weak, very rapid and very irregular, so much so as to render an accurate count impossible. His respirations were 24 in the minute, and his temperature 100° F. in the axilla. His appetite was capricious, and thirst excessive. His bowels and urinary organs performed their functions well. His sexual power was unimpaired. His sleep had been disturbed for the six months previous.

Directing now our attention to the organs apparently most affected, we find the following peculiarities:—No prominence of the præcordial region. The action of the heart much excited, and much increased on any exertion, bodily or mental. The apex is felt in the sixth intercostal space, half an inch to the left of the linea mammalis, and five inches to the left of the median line of the body. The area of cardiac dulness is found, by percussion, to be increased—the left border of the heart being ascertained to be about an inch outside the nipple. I had no opportunity of judging whether this area of cardiac dulness varies or not. There was increased pulsation in the carotid arteries. There was no jugular pulsation. There was no apparent expansion of the thyroid gland with the beat of the heart. There was some dilatation of the veins of the face, but not of the neck. On auscultation, there was no murmur over heart, thyroid gland or vessels of the neck. The first sound at the apex was becoming valvular in character.

Through the kindness of Dr. Buckingham, I was able to obtain a good sphygmographic record of the pulse, which had nothing peculiar about it, but conveyed an idea of the irregularity of the heart's action.

The thyroid gland was considerably enlarged in its left lobe; the isthmus and

[WHOLE No. 2094.]

right lobe were also somewhat affected. He naturally lay best on the left side. There was no modification of the voice. Examining now the eyes, we find no protrusion; no marked change in the eye on altering the position of the object looked at. Adaptation does not seem to cost an effort. There is no diplopia. There is no dilatation of the vessels of the conjunctiva. His pupils contract readily. There is no pain in the eyes; no strabismus. No change in the eyes has been noticed by his friends.

As oculists have noted changes in the retina in some cases of this affection, I requested Dr. Wadsworth, Ophthalmic Surgeon to the Dispensary, to make an ophthalmoscopic examination of this patient, which he did with the following result, as reported by himself:—"The pupils were widely dilated by atropia, when seen. There was nothing else in the external appearance of the eyes to draw especial attention to them. Media clear. There was a small atrophic crescent at the outer side of the left optic papilla, with deposit of pigment at its outer edge. In the right, a slight, ill-defined crescent, with pigment irregularly deposited, and the outline of the papilla irregular. The vessels in both were of normal size. No change in the region of the maculae. Tension normal. In the right eye, myopia about $\frac{1}{8}$; in the left, $\frac{1}{2}$ —determined with the ophthalmoscope, and so perhaps not quite exact. The acuteness of vision, determined rather roughly in the absence of lenses and test-types, was about $\frac{3}{4}$ in either eye. The field of vision was normal. Nothing was observed which might not occur in a case of ordinary myopia."

Examination of the lungs showed possible tuberculosis; which detracts from the interest which might otherwise attach to some of the symptoms—that of temperature, for instance—especially when we bear in mind that this affection was considered by Trousseau to depend on a lesion of the sympathetic.

The case is interesting—

1st. As occurring in a man. Out of fifty cases collected by Withuisen, a Danish writer, quoted by Trousseau, only eight were male subjects.

2d. On account of the entire absence of exophthalmus. Although any one of the three symptoms may be absent, they are generally all found to a greater or less degree, especially when the disease has continued any length of time.

3d. From the fact that the *left* lobe of the thyroid was first, and has always been most

affected. In the great majority of cases reported this has been true of the *right*.

4th. On account of the great irregularity of the heart's action. In most of the cases thus far reported, the action of the heart has been very rapid, beating 140 to 150 in the minute, but perfectly regular.

5th. There were no signs of anæmia, which was formerly supposed to be the exciting cause of the disease.

Lastly. On account of the long duration of the disease before causing the patient any great amount of trouble.

It may be asked why this is not a case in which goitre and cardiac enlargement have occurred in the same individual, irrespective of each other, and not depending on a common lesion. In a few words, I would answer—

1st. That the two affections came on together.

2d. The thyroid has not attained the enormous size usual in simple goitre of so long standing, but has pursued the course common to Graves's disease.

3d. There is no evidence of valvular disease of the heart, on which the enlargement might depend, nor yet of any of those conditions of the system (except the one under consideration) which in comparatively rare cases do produce enlargement of the heart without valvular lesion.

Reported to the Society March 28th, 1868.

At the meeting of the Society in January, I reported a case of Graves's disease which had recently fallen under my observation. The patient has since succumbed, and I am able to present to the Society some interesting details of an examination made after death. The patient entered the City Hospital January 15th. Having been permitted to inspect the Hospital Records, I find that, on Jan. 16th, he was put upon the use of Lugol's solution of iodine. Also, the unguentum iodinii compositum was ordered to be applied over the thyroid.

On the 20th, there being no change in the symptoms, and the patient complaining of weakness, *syrupi ferri iodidi*, m. xx. ter die, was substituted for the prescription of the 16th. The iodine ointment was, I presume, continued.

On Feb. 6th, I find this record:—"Since stay in hospital, sexual passion has become much increased—is anxious to gratify his desire; is therefore discharged, improved." I did not afterwards see him alive. He died very suddenly, at about 12, P.M., Feb. 14th.

The facts of his life worthy of note, additional to those already given, are that he improved under the syrup of the iodide of iron, and that his sexual desire became very strong.

It is said by Trousseau that iodine does good in *exceptional* cases. As the iodine and iron became separated in the system in the last preparation used, it may have been the iron rather than the iodine which benefited him, as this has perhaps oftener been known to do good in such cases. Sexual power is said to be often impaired in this disease. What our patient's *power* may have been we do not know, but it is interesting to know that his sexual *desire* was so strong as to lead him to ask his discharge from the hospital.

On the 16th, a *post-mortem* examination was made by Dr. C. W. Swan, Pathologist to the City Hospital. The cervical ganglia of the sympathetic were skilfully dissected by Dr. C. B. Porter, Demonstrator of Anatomy at the Massachusetts Medical College. Dr. Swan made the following notes:—

"Autopsy, 36 hours *post mortem*. Body rapidly decomposing and offensive. Trunk considerably discolored, and cuticle desquamating. Rigor slight. Head not examined. *Thyroid gland* enlarged to the size of an average orange. This was mostly a unilocular cystic condition of the left lobe, the contents being thin, yellowish, serous fluid. The wall of the cavity was thinly and unevenly coated with ragged fibrin, with here and there a bit of hard, calcareous matter. All the rest was normal, rather deep flesh-red gland-tissue, showing nothing peculiar under the microscope, but in an amount showing decided though not extreme hypertrophy. One or two small cysts were found in the thicker portions of the gland.

Heart.—Marked general *dilatation*. No *valvular* nor muscular disease. The organ was flabby from *post-mortem* change, and contained a few strings of coagula, with a moderate amount of dark, liquid blood.

Spleen.—Much enlarged; its capsule firmly distended by almost pulpy contents.

Kidneys.—Rather large, soft, and dark colored, but not otherwise remarkable.

Lungs showed no trace of tubercular or other disease.

Intestines much distended by gases. Other organs not remarkable."

It is to be particularly noted that no *tubercular* disease was found, the possibility of which I said in my report of the case somewhat detracted from the interest which

might otherwise attach to one of the symptoms, viz., the elevation of temperature.

A very careful microscopical examination of the *cervical ganglia* of the *sympathetic* was made by Dr. S. G. Webber, who thus reports:—

"The ganglia were put in glycerine, and, after several days, examined. The *left* lower ganglion was broader than the right. The nerve fibres were diminished in number and size in proportion to the amount of connective tissue in the *left* lower ganglion as compared with the right. The *left* lower ganglion also showed a deficiency of nerve cells. They were also much smaller in size than in any of the other ganglia. They were not so strongly pigmented as on the right side, hence many may have escaped notice. The cells of the middle and upper ganglia on the left side were rather smaller than those in the corresponding ganglia on the right side, but the difference was not so marked as in the lower ganglia. In most of the sections from all the ganglia were masses of pigment apparently without cell-walls. No fat globules were seen anywhere. The nerve fibres from the *left* sympathetic, just above the middle cervical ganglion, were in many instances less than .0001 inch broad; some were larger. On the right side, many were .0002 inch; a very few only were so small as .0001, most being between .0001 and .0002 inch. The cells in the several ganglia measured as follows:—

Left upper ganglion.

.0012 by .0010 inch.	.0014 by .0008 inch.
.0013 by .0011 "	.0008 by .0008 "
.0009 by .0007 "	.0009 by .0006 "
.0013 by .0010 "	.0011 by .0006 "
.0012 by .0007 "	.0015 by .0011 "

The mean of these ten measurements is .00116 by .00084 inch.

Left middle ganglion.

.0014 by .0011 inch.	.0009 by .0006 inch.
.0015 by .0010 "	.0014 by .0008 "
.0013 by .0007 "	.0012 by .0008 "
.0012 by .0011 "	.0008 by .0007 "
.0009 by .0007 "	.0007 by .0007 "

The mean of these ten measurements is .00103 by .00080 inch.

Left lower ganglion.

.0008 by .0006 inch.	.0010 by .0006 inch.
.0010 by .0005 "	.0010 by .0007 "
.0007 by .0004 "	.0007 by .0004 "
.0010 by .0010 "	.0009 by .0009 "
.0008 by .0005 "	.0007 by .0006 "

The mean of these ten measurements is .00086 by .00062 inch.

Right upper ganglion.

·0014 by ·0010 inch.	·0010 by ·0009 inch.
·0012 by ·0011 "	·0010 by ·0008 "
·0015 by ·0011 "	·0011 by ·0009 "
·0013 by ·0009 "	·0013 by ·0011 "
·0011 by ·0008 "	·0013 by ·0011 "

The mean of these ten measurements is ·00122 by ·00097 inch.

Right middle ganglion.

·0012 by ·0010 inch.	·0015 by ·0008 inch.
·0011 by ·0008 "	·0011 by ·0006 "
·0011 by ·0011 "	·0014 by ·0010 "
·0014 by ·0011 "	·0011 by ·0009 "

The mean of these eight measurements is ·00124 by ·00091 inch.

Right lower ganglion.

·0010 by ·0010 inch.	·0016 by ·0011 inch.
·0015 by ·0012 "	·0018 by ·0009 "
·0011 by ·0009 "	·0014 by ·0007 "
·0014 by ·0013 "	·0013 by ·0011 "
·0012 by ·0008 "	·0017 by ·0011 "

In several sections of this ganglion there was a much larger proportion of fusiform cells than in any of the other ganglia.

The mean of the preceding ten measurements, which were of cells the nearest round, is ·00140 by ·00101 inch.

Comparing the mean of these measurements of the cells of the several ganglia of the two sides and we have:—

Left.	Right.
Upper—·00116 by ·00084	·00122 by ·00097
Middle—·00103 by ·00080	·00124 by ·00091
Lower—·00086 by ·00063	·00140 by ·00101

It is worthy of note that Dr. Webber commenced the examination supposing that the right lobe of the thyroid had been chiefly affected, and that the changes in the nervous system, if any were found, would be most marked on the right side. It was only after obtaining the above results that he felt convinced that the reverse must have been the case, in which it gave me pleasure to confirm him. These results accord generally with those obtained in a case reported by Trousseau, in which was found a "predominance of connective tissue, and a diminution of the nervous elements." The inferences of Trousseau I will transcribe in brief:—

"Exophthalmic goitre is, in my opinion, a neurosis of the sympathetic, if not a complaint attended with a material lesion of the ganglionic nervous system. This neurosis gives rise to local congestions, the proximate cause of which is a modification of the vaso-motor apparatus."

"In the language of the German school, hyperæmia may lead to exudation of a plasma, in which the elements of cellular tissue get developed, namely, nuclei, fusi-

form cells and fibres; there is proliferation of the connective tissue, and then one of two things may happen—either the proliferation goes on and the connective tissue becomes changed into fibrous tissue, which, from its exuberant growth, as much as from the contractile force with which it is endowed, determines constriction of the parenchyma; or it undergoes retrograde changes, becomes infiltrated with fat globules, and finally converted into adipose tissue. In the former case, cirrhosis is the result; in the second, fatty degeneration."*

ADHERENT PLACENTA.

By H. E. WOODBURY, M.D., Washington, D.C.

THE rarity of this complication of labor renders it one of real interest to the medical practitioner. It is stated that in 343,670 cases of labor there were 881 in which the placenta was retained, in only 95 of which was it morbidly adherent. Rate of mortality, 1 in 6.

I transmit you the following history of a case that came under my care, for publication in your excellent Journal, with the hope that its perusal may elicit the views of others who may have had a more extensive experience in the treatment of such cases.

The patient, Mrs. C——, aged about 35, was a woman of stout build, and excellent constitution. She was confined, and gave birth to her second child, May 29th, 1866. The pains commenced at 3, A.M., of that day. She informed me that her previous labor, about two years before, was a natural one, in every respect. I was summoned to attend her at 6, A.M., three hours after the first pain. I found her sitting in her rocking chair, her pulse much fuller and stronger than usual—but nevertheless quite regular. The pains returned at short intervals, but were not severe. At 7, A.M., I made my first examination, and found the os uteri soft, moist, and dilating kindly.

As the pains had increased in severity and rapidity, at 8 o'clock I made a second examination, and ascertained that all was progressing satisfactorily, and that the vertex presented. All went on well, and at 9.45, finding that the membranes had done their work—the os tincæ being fully dilated, and the head well engaged in the superior strait—I ruptured them. This was followed by a very slight discharge of liquor amnii—not more than two ounces. The

* Bashir's Translation.

small amount of the water led me to anticipate some complication. The pains continued to increase in force and frequency, after the waters were discharged, until 10.15 A.M., at which time the head passed the outlet. Finding the funis coiled several times around the neck, I proceeded at once to disengage it, but before I succeeded in doing so, a continuation of the pain that had forced the head through the outlet, expelled the body also.

After I had disposed of the child, I took hold of the cord, and making very gentle traction, endeavored to promote uterine contractions, in order to have the placenta expelled. No pains followed. I then resorted to the various methods for producing this effect, but all to no purpose. At 10.50 gave one drachm of wine of ergot: repeated the dose at 11—and at 11.10. From the birth of the child at 10.15 up to this time, the uterus had been entirely inert. At 11.15 I passed my fingers well into the os, which I found fully dilated, and took therefrom a clot of blood, as large as a hen's egg. Deeming it now time to interfere, and remove the placenta at once, as there was no indication that this would be done *ut naturæ*, I introduced my hand well anointed with lard into the uterus. This was attended with some pain to my patient. Upon moving my fingers gently around, in order to find the edge of the placenta, I found it so firmly adherent to the uterine walls, that I could not discover where the junction was, until at a point of the fundus very high up, I detected a small opening between the maternal surface of the placenta and the wall of the womb. Into this I insinuated my fingers, and had to use very considerable force to separate the strongly adherent placenta. The operation very forcibly reminded me of the tearing away the lung from the pleura, in old adhesions of that organ. As soon as I had succeeded in detaching a considerable portion of the placental mass (which occupied probably ten minutes), a strong pain came on which expelled the placenta and my hand at the same time. During the entire operation I was making pressure with my left hand upon the abdominal walls. As soon as the placenta came away, the uterus contracted kindly, and I applied the binder as closely as I could. There was no unusual hæmorrhage.

I then examined the placenta, and found it complete, save at a few points, where portions as large as a chestnut seemed to be missing. The lochia were discharged naturally, and the patient made an excellent recovery. The ninth day she sat up in bed.

From the twelfth she passed a portion of each day in her rocking chair, and by the twenty-first day was convalescent.

This case seemed interesting to me, from the fact that the lady had experienced no pain, nor other unusual symptoms, during her pregnancy. Neither had she met with any accident.

Obstetrical writers account for these morbid adhesions of the placenta, by supposing that a false membrane is formed, the consequence of inflammatory action existing in the uterus. It is further stated that the same complication generally follows an injury during gestation, in which case the patient suffers pain during her pregnancy. It may also follow accidental hæmorrhage near the close of term. My patient had experienced none of these mishaps. She was entirely unconscious of any cause that might have produced it.

The only other cause of this complication, with which I am acquainted, I am sure was not present in this case; viz., an abnormal condition of the mass itself. This may be studded with tubercular deposits—*spiculæ* of bone, &c., may be strown on the maternal surface; sometimes it may be cartilaginous—sometimes unnaturally soft. None of these conditions were present in my case. The placenta was perfectly normal.

This case suggested to me the following queries.

1st. May this complication occur, and the woman experience no inconvenience from it, during the period of gestation?

From the history of this case, it would seem so.

2d. What relation did the small amount of liquor amnii bear to the complication? Does it stand to it, in the light of a *cause*, or an *effect*?

3d. Is it for the patient's advantage to interfere and remove the placental mass early in such cases? I believe that the rapid recovery of the lady in this case, fully justifies the early interference of the practitioner, in all cases of *adherent placenta*.

January 1, 1868.

CASE OF SUCCESSFUL REMOVAL OF A TAMARIND SEED FROM THE TRACHEA BY TRACHEOTOMY.

MR. EDITOR,—The following case has been of interest to me, and I send you a brief account, to be used in any manner you may deem best.

Willie H., aged 5 years. On the evening of January 25th, 1868, was eating

tamarinds; while crying and begging his parents for more, one of the largest seeds slipped through the glottis into the trachea, giving rise to the usual alarming symptoms. I was summoned in haste, and, on my arrival, found the patient suffering from great dyspnoea, with a livid countenance, and sobbing piteously for relief. Emetics, and the inversion of the body, as recommended by some authors, were resorted to, but without relief. Explorations with the finger and a probang met with no better success. Inspection with the laryngoscope was not deemed practicable.

Seeing no hope of giving relief from any other source, tracheotomy was advised. The parents not consenting, a consultation was held, at which it was thought advisable to delay, hoping that the obstruction might be coughed or thrown up.

Jan. 26th.—The patient passed a restless night. No sleep, and refuses to take nourishment. An unfavorable prognosis was given.

27th.—Paroxysms of dyspnoea growing more alarming, and increasing in frequency. Pulse rapid, and countenance expressive of extreme distress. Deglutition difficult; cannot be persuaded to take any food. Neck much swollen.

As the symptoms were now growing more and more grave every hour, and suffocation seemed imminent, consent was given for an operation. Preparations were accordingly made. With the assistance of Dr. J. C. Dorr, the patient was etherized and placed on a table, with the head thrown back and securely held. I then made an incision, commencing below the cricoid cartilage and extending to within half an inch of the sternum. The fascia and integuments were carefully divided with the point and handle of the knife, and the trachea laid bare. After waiting a short time for the hæmorrhage to cease, three rings were divided with a small scalpel. This was followed by a small discharge of laudable pus and muco-purulent matter tinged with blood. The ether was now withheld, and the patient placed upon the left side, when, after one or two efforts at coughing, the stone was ejected, with considerable force, through the opening. The relief experienced by the patient was instantaneous and complete, and afforded the greatest satisfaction to the parents. But little hæmorrhage was encountered, and no ligatures were required. The edges of the wound were approximated by four sutures and adhesive straps.

28th.—The patient's condition is much improved. The wound looks healthy.

The treatment consisted in keeping the patient quiet, beef-tea and nourishing drinks.

At the present time (Feb 25th), three weeks from the operation, the wound has entirely closed, and the voice is restored. Previous to the accident, there was a mild form of bronchitis. After the operation the cough and expectoration were somewhat increased, but no pain was complained of, and he has continued steadily to improve.

Very respectfully yours,

H. H. PILLSBURY, M.D.

Medford, Feb. 25, 1868.

Hospital Reports.

MASSACHUSETTS GENERAL HOSPITAL.

Surgical Operations for the week ending March 14th.
Reported by Messrs. THOMAS WATERMAN, Jr., and
H. H. A. BEACH.

1. *Removal of Wire after Operation for ununited Fracture of the Tibia.* Dr. R. M. HODGES.

2. *Fistula in Ano; Incision.* Dr. GEO. H. GAY.

3. *Exuberant Granulations about an old Stump of a Tooth.* Dr. R. M. HODGES.—Granulations excised, and the stump extracted.

4. *Amputation of Toe.* Dr. H. G. CLARK.—Toe amputated for a bunion and exostosis of several years' duration.

5. *Wound of Scalp.* Dr. H. G. CLARK.—Patient had his scalp cut by a glass bottle, one week ago. Hæmorrhage had persisted ever since at intervals. The wound was enlarged, and the bleeding vessels secured by ligature.

6. *Polyphi of the Urethra and Cervix Uteri; Excision.* Dr. R. M. HODGES.—Patient aged 35, married. Had never been pregnant, and her catamenia had been regular until three months ago, since which time they had not appeared. About two months ago, she discovered a very slight protrusion from the vagina. There had been no hæmorrhage. An examination disclosed a pendulous tumor, three quarters of an inch in length and one third of an inch in diameter, attached to the posterior margin of the meatus of the urethra; also, a similar tumor, about one third of an inch long and two lines in diameter, extending from the os tincæ and attached near its margin. Both were removed by scissors, and the lips of the wound made by the removal of the tumor at the margin of the urethra brought together by a single suture. No hæmorrhage.

7. *Re-amputation of Leg.* Dr. H. G. CLARK.—This was the first case reported in the JOURNAL of Feb. 6th. On account of violent and persistent pain in the stump, periostitis and necrosis, the leg was re-amputated, and one and a half inches of the bones sawed off.

8. *Tumor of the Infra-orbital Region; Excision.* Dr. R. M. HODGES.—Male, aged 60. The growth first made its appearance twenty-two years ago, just below the left eye. It gradually increased, with occasional lancinating pains, until it caused so much deformity and inconvenience, on account of the obstruction of vision, that he applied to an irregular practitioner for relief. It was partially removed by caustics, but soon after again commenced to increase, and, last August, opened spontaneously and discharged a bloody fluid. It again commenced to enlarge, and, upon entrance, there was found, just below the lower eyelid, a lobulated, semi-elastic tumor, protruding an inch beyond the normal level of the cheek, and whose lower border was on a line with the border of the left ala of the nose; internally, it was bounded by the nose, whilst externally it reached a line drawn vertically from the external commissure of the eyelids. At its summit, there was fluctuation in a diameter of half an inch. The left nostril was not obstructed, and vision was normal when the growth was pushed downward. The lower eyelid was not involved. A curved incision was made through the integument from a point half an inch below the external angle of the orbit to the articulation of the superior maxilla with the frontal bone, and about two drachms of a clear and gelatinous fluid evacuated from the point where there was fluctuation. The flap formed by the incision was reflected, and the solid portion, which was pale and friable, dissected from its adhesions. It extended one third of an inch beyond the border of the orbit, appearing to be connected with the periosteum of the superior maxillary, nasal and lachrymal bones. Six vessels were tied, and the wound closed by sutures.

9. *Wen of the Cheek; Excision.* Dr. R. M. HODGES.—Male, aged 33. A small tumor, of the size of a pea, appeared below the malar bone, midway between the nose and ear, two years ago. It had gradually increased, without pain, until, upon entrance, it was of the size of a large grape, fluctuated, and was deeply adherent. A semi-lunar incision of an inch and a half was made through the integument, and the flap thus formed dissected up, exposing an

encysted tumor, which was easily dissected out.

10. *Dislocated Shoulder; Reduced.* Dr. H. G. CLARK.—Male, aged 50. Three weeks ago, while walking rapidly, he struck his left shoulder violently against the door-post. On examination, the roundness of the shoulder was gone, the deltoid was tightly stretched, the elbow could not be brought to the side, nor could the hand be placed upon the opposite shoulder. The head of the humerus was felt in the axilla, beneath the coracoid process. After etherization, the patient was laid upon the floor, extension made with the arm above the head, and counter-extension by the foot on the top of the shoulder. This failed; the adhesions were then broken up by powerfully rotating and abducting the humerus in all directions. Extension was then made as before, by two strong men, with all their might and a heel in the axilla; this failed after a prolonged trial. Extension then being made at an angle of 45° away from the body, with the knee of the surgeon in the axilla, the head of the bone resumed its place in the glenoid cavity. It slipped out again easily, but it could be replaced by a slight effort. The arm was then firmly bandaged to the side, and a pad placed in the axilla, the forearm and elbow being supported by a sling.

[To be continued.]

BOSTON CITY HOSPITAL.

Record of Medical Cases, by J. BAXTER UPHAM, M.D.,
one of the Visiting Physicians.

ACUTE BRIGHT'S DISEASE.

CASE I.—*Unfavorable hygienic conditions—Intemperate habits—Pain in epigastrium and loins—Moderate cough—Puffiness and pallor of face—Edema of lower extremities—Slight ascites—Urine diminished in quantity, varying in specific gravity, highly albuminous, with epithelial scales and casts—Gradual improvement under treatment—Recovery.*—J. C., laborer, aged 30; born in Ireland; nine years in this country; admitted into hospital Dec. 6th, 1865. He gave the following account of himself on admission:—

General health had been good; no known hereditary disease; had a fever when 11 years old—no illness since; has been in the habit of drinking, though he says not to excess. Place of residence damp and unhealthy. Three weeks ago, caught cold, to which he dates commencement of present trouble; the following week took to bed, with pain in epigastrium, cough and

some bloody expectoration. In a day or two, he resumed his usual occupation, but on Sunday, Nov. 27th, again took to his bed; this time with pain in renal region, and swelling of face, hands, abdomen, feet and legs. Reports that he has frequent micturition, with diminution in quantity of urine. Has now, on admission, a somewhat waxy look; clean, moist tongue; pulse 60, of moderate volume; respiration 24, with slight cough and white frothy expectoration; diminution of appetite; a dull pain in abdomen and lumbar region. There is œdema of feet, legs, thighs, scrotum and penis; some little ascites, and puffiness of face. He was ordered a warm bath, pulv. ipecac. et opii, gr. x. nocte; rest in bed. Next day, there having been no dejection since entrance, he was ordered a powder consisting of pulv. jalap gr. viij., potas. bitart. gr. xvi. To be repeated, if necessary.

On the 8th, on examination of the urine, it was found to be light colored, with an acid re-action, having a specific gravity of 1018, holding in suspension a light, flocculent cloud, precipitating, under the action of nitric acid, a copious amount of albumen. On microscopic examination, epithelial cells discovered; no casts, blood or pus-corpuscles. Heart-sounds somewhat muffled and confused.

Patient was put upon mild diuretics, consisting of a combination of squills with digitalis in limited doses; mucilaginous drinks and a somewhat generous diet allowed. This treatment was continued for three days at a time, when it was omitted, and tinct. ferri sesquichlor., to the extent of gtt. xv. ter in die, was substituted; and this alternation of tonics with mild diuretics was continued throughout the course of the disease. There was added dry friction to the extremities, and a vapor bath two or three times a week, as occasion seemed to require.

On the 19th, examination of the urine showed a specific gravity of 1022, and some slight diminution in amount of albumen. Under the microscope, there were seen epithelial scales and a few tubular casts, mixed with blood-corpuscles.

On the 24th, patient appeared improved in all respects. Still complained of dull pain in region of kidneys. Urine in the twenty-four hours, twenty-eight fluid ounces by measurement, light yellow in color, turbid, with slight flocculent deposit; less pallor and puffiness of face; appetite good; pulse 56, regular and of moderate strength; respiration easy and natural. After sitting up, œdema of legs became somewhat in-

creased. Tinct. ferri sesquichlor. now increased to gtt. xx. ter in die.

Jan. 5th.—Urine examined, with the following result:—Specific gravity 1024; albumen present in apparently same quantity as heretofore; diminution of granular casts; no pus or blood; twenty-eight ounces passed in the twenty-four hours. Patient feels generally better; has hemicrania on left side; tongue clean; surface moist, natural; pulse regular.

From this time, the tinct. ferri sesquichlor. increased to gtt. xxx. ter in die, alternating every three days with a diuretic of squills and digitalis as heretofore.

The perspiratory function had now become fairly established, vapor baths were continued once or twice a week; urine became free and increased in quantity—on the 9th it was thirty-six, and on the 10th thirty-eight ounces, by measurement.

14th.—There was marked diminution of œdema of lower extremities and of ascites. For the most part free from pain in the renal regions.

Feb. 2d.—Albumen in the urine much diminished in amount. Patient appears in all respects improved.

27th.—Urine but slightly turbid, showing a very small amount of flocculent deposit. Specific gravity, 1018; albumen in diminished amount; under microscope, epithelial scales, but no casts.

March 7th.—Patient is now able to assist in the ordinary duties of the ward. His face has become ruddy and natural in appearance; anasarca has wholly subsided; appetite good. He is free from pain; all functions appear normal. Feeling himself able to resume his work, he was discharged from the Hospital.

CASE II.—*After exposure to cold and damp—Anasarca, ascites, dyspnoea, slight lumbar pains—Albuminous urine, with diminished specific gravity, granular casts—Rapid amelioration of symptoms—Recovery.*—W. M., aged 32; married; native of Switzerland; a machinist by trade; admitted to Hospital Nov. 14th, 1867. He was a man of large, stout frame, healthy parentage, and had himself, also, been in excellent health prior to present illness. Habits fair; thinks he caught cold in the middle of October last, from working in a damp cellar. On the following day he had pain in both hypochondriacs; a few days later, swelling of feet; œdema then extended to legs, scrotum and penis. The face also became pale and swollen and there was ascites. The urine has varied in quantity, being, as the patient says, sometimes more and sometimes less

than natural, and in color dark and muddy. Has had but little pain in the lumbar regions. At time of admission his skin was dry and harsh, and there was exacerbation of the symptoms above named, except that the swelling of the face had mostly subsided. Tongue clean; pulse 48; respiration difficult.

15th.—Urine of a muddy brown color; its specific gravity 1010; re-action acid; contains albumen in large amount, with abundance of granular and hyaline casts. It was learned that the patient, previous to his admission, had taken mercury in considerable amount, his mouth and gums having been kept sore for a week or ten days.

He was ordered a good diet and mucilaginous drinks. To take tinc. ferri sesquichl. gtt. xx. ter in die; pulv. Dov. grs. x. nocte. The symptoms above indicated varied in intensity from day to day, becoming sometimes aggravated and again relieved. There was added cough with nausea and occasional vomiting.

On 1st Dec., at morning, the right leg measured $17\frac{1}{2}$ inches in circumference at the calf; the left, $17\frac{1}{2}$. There was evidence of considerable fluid in the cavity of the abdomen, as well as in the chest.

A hot air bath was ordered twice a week, with gentle friction of the lower extremities daily, and the tinc. ferri sesquichl. increased to four doses per diem; a generous diet, but no liquors, allowed.

On the 6th, the patient reported himself more comfortable. Free diaphoresis had taken place. Measurements of the legs in the morning, at the same points as before, gave $15\frac{1}{2}$ inches for the right calf, and 15 for the left. Face less tumid. Pulse 65, somewhat irregular, soft, full, dicrotic. Dyspnoea still urgent; complains mostly of a dull pain in renal regions.

On the 12th, measurement of the right calf, at morning, $16\frac{1}{2}$ inches, at evening $17\frac{1}{2}$ inches. The patient had been sitting up several hours during the day.

Dec. 15th.—General anasarca diminishing. Edema of lower extremities now confined to parts below the knee. Some color of face; moisture of general surface; bowels regular; no nausea or vomiting. Complains still of pain in renal regions. The same treatment was continued, with the addition of dry cupping to the loins.

23d.—Free diaphoresis; less oedema of extremities. Patient is walking about the ward, improved in all respects.

On the 30th, having been for several days employed in light occupations about the house, and feeling himself greatly improved

in all particulars, with good color and a healthy appetite, patient was at his own request discharged—to all appearance, well. It should be stated, however, that at this time albumen could still be detected in the urine; no blood or pus corpuscles to be found.

CASE III.—*After laborious occupation and exposure, drowsiness—Fatigue on exertion—Edema of legs—Slight ascites—Puffiness and pallor of face—Harsh, dry skin—Scanty and albuminous urine and diminished specific gravity—Improvement of symptoms—Recovery.*

P. K., aged 43; married; a porter and night watchman; admitted into Hospital, February 15, 1867. Has been a strong and vigorous man, with good general health, till present attack. No ascertainable hereditary tendencies to disease; has used whiskey freely, and occasionally to excess; worked hard and been up much at night.

Two weeks before admission first noticed tendency to drowsiness, with fatigue on slight exertion. A week later had swelling and puffiness of the ankles which, in course of two days, extended up the legs and thighs. Face next became puffy and swollen; some little ascites ensued.

At time of admission countenance pale and waxy; lips pallid; expression apathetic. Intelligence not affected. Skin dry and harsh; natural in temperature. Tongue moist, with yellowish white coat. Pulse 52. Respiration 14; no appetite; considerable thirst; bowels constipated; urine scanty, specific gravity 1012, containing albumen in abundance. General anasarca.

Patient was ordered a warm bath at bed time, to be followed by friction over the whole surface of the body; a moderate cathartic and a diuretic, consisting of tinct. digitalis and squills.

21st.—Tongue somewhat swollen, thickly coated, dry and brown in centre, creamy white coat at sides. Skin dry and rough. Pulse 56, sluggish. R. Tinct. ferri sesquichl. gtt. xx. ter die; omit the digitalis and squills. Continue dry frictions to surface. May be allowed to drink freely of flaxseed tea. The treatment, from this time, consisted of the alternation of mild diuretics, as above, with tinct. ferri sesquichl. gtt. xv—xx., 3 or 4 times daily, with occasionally a vapor bath and gentle friction to extremities; due attention being given to the condition of the bowels. The appetite soon began to reappear, anasarca diminished. Color returned to face and lips. The functions of the skin were resumed, and the patient gained slowly but surely in strength.

March 9th.—The notes are as follow:—Patient sitting up. Increase of color in face; lips more ruddy; tongue only slightly coated at base. Skin dryer than natural, less harsh to feel. General anasarca much diminished. Amount of urine increased, its specific gravity the same; albumen diminished. One or two hyaline casts seen in the field of the microscope.

17th.—Skin has become smooth and soft; perspiration established; still oedema of lower extremities. Patient now employed in light work about the ward.

From this time he continued to improve, and on the 26th, feeling himself able to resume his usual occupation, he was discharged. At this time his face and lips were ruddy in color; tongue clean; appetite healthy; and in other respects the patient was, to all appearance, well. Albumen was still present in the urine.

CASE IV.—Exposure to cold and wet—Lumbar pains—Edema—Ascites—Pallor—Dyspnoea—Albuminous urine—Irregular and increased action of heart—Pneumonia—Death—Autopsy.—J. M., aged 48; married; a leather-dresser by trade, was admitted into Hospital, January 2d, 1868. No hereditary tendencies, so far as could be learned. Previous to present illness had always been well, with the exception of slight rheumatic attacks, and palpitations on exertion, with which he has of late years been troubled. Previous habits doubtful.

Four weeks ago, after exposure to cold and wet, complained of hoarseness and slight pain in lumbar regions. A week afterwards noticed some oedema of feet; since which the whole lower extremities, together with the scrotum, penis and abdomen, had become affected in a similar manner. He had considerable dyspnoea, occasioning insomnia and much distress; urine diminished in quantity. At time of admission the skin was dry but cool. Tongue moist; light brownish coat at base. Respiration labored. Pulse 92. Appetite poor. Thirst urgent. Bowels pretty regular. Urine dark-colored, acid, specific gravity 1027, containing albumen, about one-third in bulk; no casts. Abdomen somewhat enlarged, dull on percussion. Edema of penis, scrotum and lower extremities marked. Action of heart tumultuous and irregular.

Ordered dry frictions to extremities. Tinct. ferri sequichlor. grs. xx. ter die; a hot air bath to be taken every second day. As nourishing a diet as patient can bear.

4th.—Pallor of face; dyspnoea; heart sounds intensified; rasping murmur filling up the interval between second and first

sounds, with an occasional intermission of pulse. Ascites; legs much swollen from thighs downwards, pitting on pressure. Has had three dejections from oil since yesterday. Was ordered to take occasionally spirit. æth. nit. gtt. xxx. in infus. of flax seed. In other respects treatment continued.

8th.—Analysis of urine shows similar results to those above stated.

13th.—Edema of legs, by measurement, somewhat diminished. Urine thick, acid, specific gravity 1030; containing albumen and urates in large amount, with some appearance of pus.

17th.—Dyspnoea more marked. Heart's action exaggerated; a strong bruit masking second sound. Pulse 104, of moderate volume. Was ordered:—*R.* Tinct. digitalis, gtt. v.; tinct. scillæ, gtt. x.; cap. in aqua t. d.

18th.—Tongue redder than natural, free from coat. Severe paroxysm of dyspnoea during the night; urgent cough, with some bloody expectoration. On left side increased resonance on percussion, with increase of respiratory sounds; on right, resonance fair, with moist, coarse crepitus, extending over lower two-thirds of lung, most marked at side and back. Jacket poultice to affected side. Pulv. Doveri, grs. viij., nocte; beef tea. Previous treatment suspended, with exception of friction to lower extremities.

19th.—Exaggeration of symptoms of yesterday. To have brandy in milk punch through the day.

During the following night, the House Officer was called, who found the patient laboring under dyspnoea, accompanied by noisy, mucous râles; cold extremities, and a very weak, rapid pulse. Brandy was increased in frequency and amount. On the following day patient appeared in much the same condition. Edema of lower extremities increased. Dyspnoea urgent.

During the two following days he continued to fail, and died at 12 M., Jan. 22d.

Autopsy, 14 hours after death, conducted by House Officer, Mr. Wm. E. Boardman, and by him reported, as follows:—General anasarca; rigor mortis marked. Head not examined. *Thorax*—right pleural cavity contained three pints of serum, in which floated masses of light yellowish lymph. No adhesions, except at extreme base to diaphragm. Lower lobe of lung entirely destitute of air, filled with blood and serum, very soft and friable. Upper lobes normal, as was the whole of the left lung. About three drachms of a pale fluid in the pericar-

dial sac. Heart very much hypertrophied and somewhat dilated. Valves apparently normal. The abdomen contained about a pint of serum. Right lobe of liver enlarged; the whole studded with small yellow spots; intervening substance dark in color; the organ generally quite friable. Fat found in abundance by the microscope. Spleen apparently normal. Right kidney normal in size; its cortical portion thin. Left kidney enlarged, somewhat friable, so that, without undue violence, its substance was fractured during removal. Under the microscope uriniferous tubes, filled with granules, containing also numerous fat globules. Large intestine contracted.

Reports of Medical Societies.

OBSTETRICAL SOCIETY OF BOSTON. SECRETARY,
HOWARD F. DAMON, M.D.

MARCH 7th, 1868.—The Society met at the house of Dr. Ayer, at 8, P.M., the President, Dr. Putnam, in the chair.

Dr. Cotting reported the case of an American woman whom he had lately attended in confinement. She was delivered, after a short labor, of her tenth child, on a Friday morning. On Sunday, her face was immensely swollen, especially in the parotid region, so that it appeared large and bloated. There was no ulceration of the fauces, and deglutition was performed quite readily. Monday, the swelling was more marked, and extended to the scalp and back of the head, but there was absence of color. Wednesday, the swelling had nearly subsided, and the patient was covered with the eruption of scarlet fever. She died yesterday, in an exhausted condition, three weeks after her confinement. She had slight diarrhoea after an injection. Her milk did not make its appearance. There were no uterine symptoms, but the lochial discharge was quite offensive. The urine was scanty and high colored.

Two sisters of this lady were sick with scarlet fever at nearly the same time that she was, and both recovered. One of these was present at the time of confinement. A son, aged 20, was taken down with scarlet fever last week. Subsequently, four other children had the fever. Their several attacks, together with those of the mother and aunts, constitute four groups.

The use of the speculum, its frequency and forms, were then discussed.

Dr. Putnam gave his preference for the

glass speculum, on account of the stronger light which it throws upon the parts; but was of the opinion that an ocular examination was not essential in the majority of uterine cases. He had, nevertheless, seen abrasions by this means which were relieved in a few days, and which he thought could not be detected by touch.

Dr. Lyman uses either the bivalve or quadrivalve speculum in his examinations, and thinks they are both valuable on account of the extent of surface which is visible through them, especially the four-valve speculum.

Dr. Lyman spoke of the use, or rather the abuse, of pessaries. He thought they were frequently introduced for the most trivial causes. He mentioned the case of a young lady of culture and refinement, who had consulted him with regard to a pain in the back and slight leucorrhœa. Another physician had persuaded her that it was essential that she should wear a horse-shoe pessary, and she had reluctantly consented to have him introduce it. There being some doubt in her own mind as to the propriety of this mode of treatment, she determined on consulting another physician. She consequently came to Dr. L. for this purpose. The pessary was removed. There was no prolapsus uteri; and the patient was very much relieved in a week, after the removal of the pessary, and the administration of iron.

Dr. Lyman also mentioned the case of a young married woman who had worn a pessary. She had tenesmus and sciatica; and her menstruation became more painful each month. She had no leucorrhœa, and did not become pregnant. The pessary was removed, and her sciatica left. There was still a good deal of soreness, and the speculum revealed an abrasion which had been made by the pessary. He did not consider the introduction of this instrument necessary in these and many similar cases. He thought that it was not uncommon for women to have an uneasiness at times about these organs; but that this alone did not justify the physician in the introduction of a pessary.

Dr. Putnam thought that no branch of medicine was more liable to abuse than the use of pessaries, the speculum, and vaginal examinations.

Dr. Ayer reported a case of triplets which he had lately had in his practice. The patient was a woman 30 years old, and weighed 109 pounds. Her labor was premature, she being at the seventh month of pregnancy. Her abdomen was very large, and

she complained of the distention. She had anorexia and insomnia. She was in some pain at 11, P.M.; an opiate was given by Dr. A., and at 5, A.M., he was again summoned, and found two children born. One of them was dead, and its back presented marked signs of lividity. The abdomen of the patient was found tense; and, by a vaginal examination, a bag of waters was detected and ruptured, and a third child was born. There were originally three placentæ, which had become fused together. There were three bags of waters, there being two distinct discharges before the rupture of the third bag. The stillborn child weighed five pounds; the living ones weighed respectively six pounds, and six pounds and four ounces. They were all males. The aggregate weight of the three children was seventeen pounds and four ounces. The placenta weighed four pounds.

The practice of throwing astringent injections into the uterus was then made the subject of conversation.

Dr. Putnam thought there was but little danger in this practice, if the fluid was small in quantity, or the os uteri was well open and a double catheter was used.

Dr. Damon read the following notes of a case of atony of the uterus after delivery. The patient, a woman of thirty, was delivered by Dr. D., August 25th, 1863. The presentation, at that labor, was of the crest of the ilium. Meconium was passed several hours through the vagina, previous to the delivery, which was performed by version. The labor was nearly three days in its duration, as no interference was allowed by the friends until the patient had become quite exhausted. The child was a male, and weighed thirteen pounds. The circumference of its head was sixteen inches, and its length was twenty-three and a half inches. The uterus contracted, at that time, in the normal manner after a first labor, and the patient recovered rapidly.

Jan. 17th, 1866, the patient had a very short labor and a living child. She had no physician, as she was not sick more than an hour.

September, 1866, the patient was in labor from 11, A.M., until 2, P.M. The child was a male, and the feet presented.

Feb. 9th, 1868, this patient was again attended by Dr. Damon. She had a labor of nearly forty-eight hours, and was finally delivered with the short forceps, as the long ones of Hodge could not be applied when the head was high up, from want of room. The child was a female, and weighed twelve pounds. The circumference of the

head measured fifteen and a quarter inches, and the length of the child was rather more than twenty-two and a half inches. It had probably been dead more than a week, as the arm was covered with bullæ. The placenta was quite friable. There was a large quantity of liquor amnii. There were no marked labor-pains, and ergot seemed to produce little or no effect upon the contractions of the uterus, although two drachms of the fresh powder were given, in divided doses, towards the end of the labor. There was no groaning, as is usual when a woman is in labor-pains. After delivery, there was complete atony of the uterus, and this organ remained in an uncontracted condition for nearly thirty minutes. The hand and arm were passed several times into the uterus, as far as the elbow, for the purpose of removing clots and exciting contractions. Previous to their introduction, they were plunged into water gradually made colder until nearly ice-cold. The fist was then slowly rotated in the uterus, and all clots carefully withdrawn. There was no unusual hæmorrhage, nor shock to the nervous system. The patient sat up in bed, on the fourth or fifth day, and was about, out of doors, three weeks after her confinement.

Adjourned at 10, P.M.

Bibliographical Notices.

Atlas of Venereal Diseases. By A. CULLERIER, Surgeon to the Hôpital du Midi, &c. Translated from the French, with Notes and Additions, by FREEMAN J. BUMSTEAD, M.D., Prof. of Venereal Diseases in the College of Physicians and Surgeons, New York, &c. With one hundred and fifty Colored Figures. To be completed in five parts. Philadelphia: Henry C. Lea. 1868. 4to. Pp. 140.

This is probably the handsomest work of its class ever published in this country.

The Introduction traces the history of syphilis back to Sanscrit and Chinese writers, 2,600 years before Christ. Hippocrates, too, describes it.

This portion treats also of the virulence and contagion of the disease; and in numerous places Dr. Bumstead displays the dualist theory of the virus, and controverts the French author, who is a unitist, considering the poison but one.

The question of Inheritance is treated at considerable length and with ability by M.

Cullerier, and the pathological anatomy briefly touched on.

We then pass to Bleennorrhagia, Bleennorrhœa, and their innumerable complications, which complete the number. The style is clear and simple. The colored plates are extremely good; having many life-size figures.

While writing the foregoing we have received *Part Second*, issued with unusual promptitude. This number discusses, first, gonorrheal rheumatism, a disease which has always seemed to us an unsolved problem, whose more probable explanation was to be found in purulent absorption by the prostatic venous sinuses. Next it treats of Balano-posthitis, or Balanitis, the bugbear of the innocent, as much as of the guilty. Gonorrhea in the female is treated of at very considerable length under the separate heads of vulvitis, vaginitis, urethritis, metritis and ovaritis. Vegetations are illustrated superbly; and we are glad to see that the author considers them most frequently, non-venereal affections. Finally, we have soft chancre—a term which M. Cullerier retains, in preference to chancroid—partially treated of. The theories of unity and duality were exhausted in the First Part; and are not much touched on here. This number contains fifty pages of text, and five lithographic plates. The latter are even better than those in the first number; and were executed by Sinclair of Philadelphia. We would call attention to the curious statistics at the close, showing that *soft chancre* is more prevalent among the lower classes; and *hard chancre*, among the higher. *

RAPID UNION OF FRACTURE IN AN OLD MAN.
—Dr. Fayre reports the case in the *Med. Times and Gaz.*, of a very old man, a Hindoo, said to be 96 years of age, with transverse fracture of tibia and fibula a little above the ankle-joint. The foot was also bruised and excoriated. Ordinary side splints were applied; 18 days after the fracture he was able to bear his weight on the leg; a starched bandage was applied a day or two later, and exactly one month after the injury was received, he walked out of the hospital perfectly well. Dr. F. says, “he had been walking about the ward for several days, and became impatient, so I discharged him.”

The graduating class of the Missouri Medical College, at St. Louis, on the 29th ult., numbered twenty-five. At the St. Louis Medical College, the number was forty-seven.

Medical and Surgical Journal.

BOSTON: THURSDAY, APRIL 16, 1868.

ELECTRO-PHYSIOLOGY.

WHAT relative part the peculiar forces which we combine under the name of electricity may play in the nervous stimulation and vital force of the living animal, has long been a problem which men of science have failed to solve.

Connected as they are by so intimate a resemblance, the nervous system and the nerves have often been likened to a battery and its conducting wires. Imagination has added to the real resemblances between the two. Such resemblances are the instantaneous transmission of stimuli; the insulation of the nerve-tubes and their unbroken communication with a central organ; their freedom from anastomosis, and the absolute loss of sensation and motion following the severing of the nerve from its ganglia of grey matter. It is reserved for later experiments and study, of which the book before us is a noble specimen,* to show that currents of electricity exist in the *muscles* of all animals, and give rise to many of the phenomena supposed to be due to the nervous system.

Under the name of the “Frog-current” we trace the history of muscular electricity from Galvani, through Matteucci and other experimenters, to DuRois Reymond. Our author considers the latter as the true discoverer of the “muscular current.” And in summing up his own conclusions, Reymond uses the following language:—

“1. Currents, in all respects similar to the so-called frog-current, may be observed in any limb, of any animal, whether warm or cold-blooded. These currents in some limbs are directed upwards, as in the frog’s legs, in others downwards. They are of different intensity in different limbs; but their intensity and direction are always the same in the same limb of different individuals of the same species.

2. The electromotive action on which

* *Electro-physiology and Therapeutics, being a study of the Electrical Phenomena of the Muscular Systems, &c.* By Charles E. Morgan, A.B., M.D. New York: William Wood & Co. 1868. 8vo. pp. 714.

these currents depend does not arise from the contact of heterogeneous tissues, as Volta supposed, for the different tissues—nerve, muscle and tendon—in an electric point of view, are quite homogeneous.

3. These currents are produced by the muscles. If any undissected muscle of any animal be brought into the circuit longitudinally, it generally exhibits an electromotive action, the direction of which depends on the position of the muscle on the galvanometer-circuit, according to the law which will be immediately stated. Thus, the current might be a downward, or it might be an upward one. The current of a whole limb is nothing but the resultant of the partial currents which are engendered by each muscle of the limb; and the frog-current, as well as the similar currents observed in other animals, is thus simply reduced to a *general muscular current*."

This subject is pursued by Dr. Morgan through five hundred pages of most abstruse research and experiment, not only in other animals, but also in studying the phenomena of electrical fishes.

An historical description of Electricity in all its forms of magnetism, galvanism, &c., occupies most of the remainder of the volume.

It is perhaps no subject for criticism that the therapeutical part, the practical application of the subject, is condensed into twenty-five pages.

The local stimulation by induction electricity, called by Duchenne, *faradisation localisée*, in honor of the English *savant*, is described, and illustrated by plates showing the distribution of the nerves, where they emerge to the surface.

We also find a notice of the treatment of cirroid aneurism by *galvano-puncture*, first employed by Pravaz in 1833, and revived by M. Abeille.

The Electrolysis of Urinary Calculi seems to us more curious than practical, since the calculus must be brought into the centre of the bladder, which is to be kept constantly filled with *pure* tepid water, and the stone exposed to the action of a strong battery.

The electro-chemical bath is dismissed in a few words. *Galvano-caustic*, however, both in the form of the galvano-caustic

loop and of the galvano-moxa, seems to promise greater results. The other scientific applications of Electricity to medical purposes, are based, says Dr. Morgan, either on an incorrect *diagnosis* of disease, or an imperfect knowledge of electro-physiology. This is the closing sentence of a volume, the most learned and thorough in its treatment of the subject of electricity, ever published in this country. If such be the verdict of its author on the use of electricity in therapeutics, what a commentary is it on those half-educated, or even worse, charlatan *electricians*, male and female, who perambulate the country, and pretend to treat nervous diseases!

How potent and how mis-used an agent must this be! For we must reflect that we are as liable to err from imperfect knowledge of the disease, as of the remedy. To instance only the various forms of *paralysis*—general, local, anæsthetic, hyper-æsthetic, ataxic, degenerative, or accompanied by muscular (fatty) hypertrophy, which have been described of late years by Duchenne, Jackson, and many others—what a field for the abuse of an unknown remedy is here opened to us!

This is incomparably the most profound treatise on electricity we have seen. Its publication in America is an honor to its publishers and to us all. Unfortunately the author has died before his labors were fulfilled. Conscious how ill-qualified we ourselves are to review it, we have yet done so, although imperfectly, for two reasons; because our Journal has not space enough to give it an adequate criticism, and because we know not to whom among us to entrust it, as a critic.

BOSTON DISPENSARY.—The following are the statistics of this institution for the six months ending March 31st. The number of new patients at the Central office has been 6822, of which 4361 have been medical cases, and 2461 surgical, classified as follows:—Medical—men, 1184; women, 1705; children, 1472. Surgical—men, 784; women, 728; children, 949. The number of new patients in the Districts has been 5029, including 86 cases of midwifery, classified as follows:—men, 806; women, 1946; children, 2277. Number of recipes, 26,913; since July, 1856, 464,432. Number of patients since July, 1856, 219,669.

SAMUEL A. GREEN, M.D.,
Superintendent.

THE HYGIENICS OF BOAT RACING.—“It must be admitted that the athletic exercises of the Universities, rowing included, whilst they promote health and development of strength, do not give the same capacity for physical endurance that is afforded by a life of labor; and it is probable that the strongest member of a university crew would find his powers overtaxed by the ordinary day's work of a common waterman. Habitual labor is essential to the production of that quality of muscle which forms a basis for violent and long continued exertion. Such kind of muscle is not acquired even by weeks of training, and scarcely by regular gymnastics. Time is essential to its development, and it is but rarely found either in the scholar or the student, in whom its want is too often compensated by the stimulus of pluck and emulation; the nervous and muscular systems being supported temporarily by an effort of the will, leaving them weakened or permanently injured when the strain is over.

“The crews row in steady practice for a month, and submit for six weeks to a peculiar regimen; and the question is whether the training thus pursued will enable the heart and lungs to bear the strain of the race without the risk of injury. Before entering into this part of the argument it is necessary to observe that the action of rowing interferes more directly with the respiratory process, than almost any other exercise.

“In running—which, however, is equally liable to injurious excess—it is within the power of the voluntary muscles to regulate the rate of the respiratory movements; and it is well known that a well-expanded chest and rhythmic breathing greatly diminish the disturbing effects of exercise upon the heart and lungs. But in rowing, the chest is nearly always fixed, and the respiratory movements are only possible in the short interval of rest at the termination of the stroke. As the racing pace is forty strokes per minute, the rate of respiration is doubled, and the act itself, being necessarily shortened, is reduced to a mere involuntary gasp. Under these circumstances the lungs become rapidly congested, and the heart seriously oppressed.

“The system of training pursued at the universities, instead of making the men stronger in muscle, and more accustomed to violent exertion, has exactly the contrary effect. The best men fall off when the exclusive training exercise for the race begins. Under it a powerful man dwindles; and this not from ‘training down,’ as the phrase

goes; for the reduction is not in weight only, but in girth and tension and contractility of muscle, and in the stamina which gives endurance of fatigue. Nor is this surprising. There is a superstition that exercise ‘takes too much out of a man;’ and so, of twenty-four hours they lie in bed nine, and lounge about a dozen more; less than an hour being devoted daily to really active work. And then as to diet: this and that article are supposed to be bad for wind, and so the ordinary wholesome and varied food is put aside, and the meals of half-cooked beef and mutton are helped down by toasted bread. The most natural demand of the body is seriously restrained; water is not allowed, and the quantity of fluid taken as beer or tea is not regulated by the degree of thirst, which is the natural monitor, but by an empirical rule, which is supposed to suit all constitutions alike. In fact, instead of training the whole body into a well-balanced condition of perfect health, and the heart, lungs and muscles to peculiar exertion, the university system seems based upon some crude ideas of getting rid of flesh, and of resting in order to reserve the natural powers of the body for the last great struggle. No wonder that when it comes they are seriously distressed. We have ourselves observed the condition of the crews at the termination of a race. The men look utterly exhausted. Their white and sunken features and pallid lips show serious congestion of the heart and lungs; and the air of weakness and lassitude makes it a marvel how such great exertion should have been so nobly undergone. We have repeatedly seen the after ill effects—spitting of blood, congested lungs, and weakness of the heart and great vessels from over distention of their walls; and we are therefore of opinion that some restrictions should be put upon the candidates for boating honors, and that the regulations for training should be based upon scientific principles, rather than upon the crude dogmas of a blind experience.”—*The Lancet*.

THE *Richmond Medical Journal*, one of our best medical monthlies, under the editorial management of Dr. E. S. Gaillard, the price of which is \$5 a year, is offered to the subscribers of this JOURNAL, through the liberality of Dr. G., on such reduced terms that the two works will be furnished for \$7 a year. Orders may be sent to this office.

APPOINTMENT.—Dr. Wm. B. Mackie has been appointed one of the Physicians to Out-patients at the City Hospital.

Selections and Medical Items.

EVERSION OF THE SACculus LARYNGIS.—The specimen was exhibited to the London Pathological Society; it was the larynx of a patient who died at Guy's Hospital of cancer of the stomach. He had been a naval schoolmaster, and was a man of great acquirements. He lay long in the Hospital, and conversations with him were frequent, because his case was obscure, and he was much more able to give an intelligent account of himself than the average of the patients. Nevertheless, it was not noticed that his voice was remarkable in any way. Dr. Moxon often spoke with him, and his voice was always such as not to attract attention. It was then with some surprise that on inspecting his body he found the appearance shown in the preparation. There is what, at first sight, appears to be a tumor hanging down over one of the vocal cords; it is semi-elliptical in shape, and it is rooted above in the anterior half of the ventricle of the larynx. On examining the tumor, Dr. Moxon found that it could easily be put up into the usual position of the sacculus of the larynx; that when so placed—the tumor inverted and returned behind the false vocal cord—it appeared as the sacculus laryngis, while without it there was no sacculus laryngis at all, so that there could be no doubt that it is an everted sacculus. When so replaced, it very easily fell out of its position again, and reappeared, as it is now seen, a pendulous laryngeal tumor, very tempting to one skilled in the removal of laryngeal polypi.—*Med. T. & G.*

PARALYSIS OF SOFT PALATE FROM BROMIDE OF POTASSIUM.—In a discussion on the employment of bromide of potash in epilepsy in the Society of Practical Medicine at Paris, reported in *l'Union Médicale*, M. Mesnet referred to this symptom as an evidence that saturation of the system by the drug had been reached. He commences by giving some 20 to 40 grs. during the day, increasing the dose. He says, "we soon obtain certain effects which indicate that we must not push it farther. The mucous membrane of the pharynx and of the veil of the palate becomes insensible. The finger passed over these parts excites no muscular contraction. There is no effort at vomiting or sneezing, and no lachrymation. The drug then ought to exercise its curative action." He also gives a case in which this paralysis was produced after gradual increase of the dose to 180 grs. per diem.

As this statement seems to have excited no comment from the other gentlemen who took part in the discussion, it would appear as if the symptom was not new to them. Certainly this salt has been given, not infrequently, in still larger doses in this country, and we do not remember ever to have seen any such result of its administration reported.

A SIMPLE METHOD OF PROTECTING WATER FROM THE ACTION OF LEAD PIPE.—*Dingler's Polytechnisches Journal* publishes a simple method, brought forward by Dr. Schwarz, of Breslau, for preventing the poisonous influence of lead pipes on water, by forming on the inside surface of the pipes an insoluble sulphuret of lead, which has proved so effective that, after simple distillation, no trace of lead can be detected in water which

has remained in the pipes for a long time. The operation, which is a very simple one, consists in filling the pipes with a warm and concentrated solution of sulphuret of potassium or sodium; the solution is left in contact with the lead for about fifteen minutes. Commonly, a solution of sulphur in caustic soda will answer the purpose, and produce practically the same results. It is known that sulphuret of lead is the most insoluble of all compounds of lead, and nature itself presents an example which justifies the theory of Dr. Schwarz, since water extracted from the mine of Galena does not contain lead, a fact which has often occasioned surprise.—*New York Medical Gazette.*

SUB-LUXATION of body of sternum, producing a depression of over half an inch at the lower part of the manubrium, was reduced by Dr. M. Forster, of Shomdale, Ontario Co., as follows: He threw the head and shoulders backward, so as to draw the clavicles upward, and produced tension of the pectoral muscles, so as to draw them outward, and then by repeated deep inspirations succeeded in forcing the manubrium upward and outward.—*Am. Jour. Med. Sciences.*

MEDICAL DIARY OF THE WEEK.

MONDAY, 8, A.M., Massachusetts General Hospital, Med. Clinic; 9, A.M., Medical Lecture. 9, A.M., City Hospital, Ophthalmic Clinic.

TUESDAY, 9, A.M., City Hospital, Medical Clinic; 10, A.M., Medical Lecture. 9 to 11, A.M., Boston Dispensary. 10-11, A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, 10 A.M., Massachusetts General Hospital, Surgical Visit. 11 A.M., OPERATIONS.

THURSDAY, 11 A.M., Massachusetts General Hospital, Clinical Surgical Lecture.

FRIDAY, 9, A.M., City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., OPERATIONS. 9 to 11, A.M., Boston Dispensary.

SATURDAY, 10, A.M., Massachusetts General Hospital, Surgical Visit; 11, A.M., OPERATIONS.

A Bulletin of Expected Operations, in both the Hospitals, will be found, weekly, at the office of the Boston Medical and Surgical Journal, and at Messrs. Codman & Shurtleff's, 13 and 15 Tremont Street.

—**TO CORRESPONDENTS.**—Communications accepted:—Case of Rupture of the Uterus.—Report on Cases of Pneumonia.

PAMPHLETS RECEIVED.—Chart of Venereal Diseases. By Philippe Ricord, Newark, N. J.—Tenth Annual Report of the Medical Superintendent of the Provincial Hospital for the Insane, Halifax, Nova Scotia.—The Missisquoi Springs and their Wonderful Cures.

MARRIED.—In this city, 26th ult., James A. Dow, M.D., to Miss Alice L. Lincoln, both of West Windsor, Vt.

DEATHS IN BOSTON for the week ending Saturday noon, March 28th, 1868, 111. Males, 61—Females, 50. Accident, 1—apoplexy, 2—disease of the bowels, 1—inflammation of the bowels, 2—congestion of the brain, 2—disease of the brain, 1—inflammation of the brain, 2—bronchitis, 2—cancer, 1—cholera infantum, 1—consumption, 15—convulsions, 2—croup, 3—cyanosis, 2—diarrhoea, 1—dropsy, 1—dropsy of the brain, 7—drowned, 1—erysipelas, 1—remittent fever, 2—scarletfever, 10—typhoid fever, 1—disease of the heart, 7—infantile disease, 1—disease of the kidneys, 2—congestion of the lungs, 1—inflammation of the lungs, 7—marasmus, 3—measles, 1—cerebro-spinal meningitis, 1—mortification, 1—old age, 4—paralysis, 2—peritonitis, 2—puerperal disease, 3—scrofula, 1—stone in the bladder, 1—syphilis, 1—trismus nascentium, 1—unknown, 9—dysentery, 1.

Under 5 years of age, 46—between 5 and 20 years, 10—between 20 and 40 years, 26—between 40 and 60 years, 15—above 60 years, 14. Born in the United States, 79—Ireland, 21—other places, 11.



HEGEMAN'S GENUINE COD-LIVER OIL.

Our Cod-Liver Oil is warranted pure *Newfoundland Oil*. It has stood the test of twenty years' experience, and can be relied on in every particular. Its superiority over that prepared on our own seashore is shown by the numerous cures performed by it when the inferior oils had been tried without effect. We make no claim to any secret mode of concentration or cold pressing, but warrant it pure Oil. Morrhu of the U. S. P.

The uniform good quality of our Oil has given it the preference over the numerous brands in the market, and has elicited the highest commendation from eminent physicians.

THE MOST PERFECT IRON TONIC.

Hegeman's Ferrated Elixir of Bark, or Elixir of Calisaya Bark with Pyrophosphate of Iron.

The FERRATED ELIXIR OF BARK is a pleasant cordial, possessing the valuable properties of CALISAYA BARK deprived of its tannin and coloring matter, and contains eight grains of the PYROPHOSPHATE OF IRON in each fluid ounce; and in all cases where a mild and efficacious Iron Tonic is desired, will be found a most valuable preparation. As a preventive to fever and ague, and as a tonic for patients recovering from fever or other sickness, it cannot be surpassed.

Directions.—For an adult, a dessert spoonful to a table spoonful may be taken three times a day, before meals. Children in proportion to their age.

Hegeman's Cordial Elixir of Calisaya Bark (Peruvian Bark).

The CALISAYA (or "King's Bark") is the most valuable of the numerous varieties of the Peruvian Bark, and in the Elixir is combined with other ingredients that increase its efficacy, and at the same time overcome the intensity of its bitterness, rendering it a most agreeable cordial.

For persons living in Fever and Ague Districts, it will be found invaluable as a preventive—half a wine glass taken night and morning rendering the system much less subject to the unhealthy influence of the atmosphere.

✂ The above preparations are sold by Druggists throughout the United States.

✂ Samples will be furnished on application to

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Chemists and Druggists, New York.

Ap. 2—eowtJan.

AMERICAN NATURALIST—A Popular Illustrated Magazine of Natural History. Published by the Peabody Academy of Science, Salem, Mass. \$3 a year—25c a number.

Additional Notices of the Press.

"A publication we hope some day to see as popular in this country as we have no doubt it is in the land of its birth."—*Naturalist's Note Book (London)*.

"Such a Magazine was wanted by our transatlantic friends, and we wish it success."—*Science-Gossip (London)*.

"This excellent Magazine commences its second year under most reassuring circumstances, and with promise of even more attractive features than those to which we have called attention during the last twelvemonth. There is real comfort in seeing the prosperity thus assured of so admirable a Magazine as the *Naturalist*, one which has most creditably acquitted itself of its scheme for naturalizing popular science among our magazine literature, and its promises have had the unusual characteristic of being excelled by its performance, which promises so well for the future."—*Round Table*.

"The publishers of this excellent work have more than redeemed the pledge made at the commencement of their labors, both in the amount of reading and the number of embellishments. The volume just closed has contained about 700 pages, and 18 full page illustrations."—*Waterville Mail*.

"The October number of this valuable and beautiful Magazine of Popular Science fully maintains the high character that it has already won for the variety and originality of its articles, as well as for their literary ability and scientific worth. The paper, the better press, and the illustrations are all superb, while the marvelously low price of \$3.00 places it within the reach of every one."—*Montreal Witness*.

"It deserves a wide patronage among teachers."—*Michigan Teacher*.

"This Magazine is gaining a wide reputation. Many of its articles have been copied by European scientific journals."—*Eastern Argus*.

"The whole volume making a work on the wonders of nature which ought to be universally read."—*Lawrence Sentinel*.

"We cannot too highly commend this beautiful Magazine of Natural History. It should find a welcome place in the homes of all those who love the study of science and nature. This beautifully printed and highly interesting Magazine has just commenced its second volume."—*New York Evening Mail*.

"It deserves the patronage of all lovers of Natural Science. It is able and interesting."—*Boston Congregationalist*.

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Ap. 9—2t

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Prof. Garreau's Analysis of Cod-Liver Extract compared with Analysis of Cod-Liver Oil by De Jongh.

	COD-LIVER EXT.	COD-LIVER OIL
Oily Acids and Glycerine.....	none	97.967
Ichthyogenicine	50.000	none
Propylamine	2.545	none
Acetic, Lactic and Butyric Acid.....	6.000	120
Extractive (undetermined)Gaduin, &c.....	10.562	315
Non-octagenous organic constituents.....	69.105	—
Phosphorus and Phosphoric Acid.....	2.090	113
Sulphur and Sulphuric Acid.....	200	71
Iodine.....	154	87
Chlorine with trace of Bromine.....	1.525	140
Soda	1.170	55
Magnesia	366	9
Lime	510	182
Potash	211	none
Ammonia	2.862	none
Inorganic constituents.....	8.968	506
Water and Loss.....	21.747	3.000
	100.000	100.000

The extract is thus shown to contain 13½ times as much non-octagenous organic substances as the oil, and 15 times as much of inorganic elements. Those two classes of bodies together form 78.153 per cent. of the extract, but only 1.024 of the oil. In a tablespoonful of the oil, which comprises 240 grains, there are therefore present hardly 2½ grains of the above matters, while the extract is almost wholly composed of them.

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 Ap. 9—6w6m

TWO PHYSICIANS.—His attempts to extend a more advanced knowledge of his specialty to physicians already in practice having been so favorably commented upon by those of the profession who have attended the previous courses, and by the medical press, Prof. HORATIO B. STORER will deliver his third private course of twelve Lectures upon the *Treatment of the Surgical Diseases of Women* during the first fortnight of June, at his rooms in Boston.

Fee \$50; and Diploma required to be shown. Certificates of attendance upon the courses already completed have been issued to the following gentlemen: Drs. J. B. Walker, Union, Me.; Alexander J. Stone, Augusta, Me.; Daniel Mann, Pelham, N.H.; Augustus Harris, Colebrook, N.H.; J. W. Parsons, Portsmouth, N.H.; E. F. Upham, W. Randolph, Vt.; G. E. Ballard, Blackstone, Mass.; J. A. McDonough, Boston, Mass.; J. G. Fitzham, Cambridge, Mass.; James Coolidge, Athol, Mass.; Thomas G. Potter, Providence, R. I.; C. M. Carleton, Norwich, Ct.; I. Farrar, Hartford, Ct.; M. C. Talbot, Warren, Pa.; H. Geraski, Erie, Pa.; W. W. Bancroft, Granville, Ohio; A. I. Beach, Belleville, Ohio; Henry E. Palmer, Dixon, Ill.; W. L. Wells, Howell, Mich.; and W. A. I. Case, Hamilton, C. W.

A CLINICAL LECTURE upon the Diseases of Women will be given every Wednesday afternoon at 4 o'clock, by Dr. H. B. STORER, at his office.

Held Pelham, Boston, Jan. 1868.

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Whole No. 2096.
Vol. LXXVIII.

THURSDAY, APRIL 30, 1868.

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Vol. I. — No. 13.

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WAR DEPARTMENT.

SURGEON GENERAL'S OFFICE,
Washington, D. C. March 2, 1868.

An Army Medical Board, to consist of Surgeon J. B. Brown, Brevet Brig. Gen'l U. S. A., Surgeon H. E. Wirtz, Brevet Lieut. Col. U. S. A., Surgeon John Moore, Brevet Col. U. S. A., and Asst. Surgeon A. A. Woodhull, Brevet Lieut. Col. U. S. A., will meet in New York City on the 1st of May next, for the examination of Assistant Surgeons, U. S. Army, for promotion, and of candidates for admission into the Medical Staff of the U. S. Army.

Applicants must be between 21 and 30 years of age, physically sound, and graduates of a regular medical college.

Applications for permission to appear before the Board should be addressed to the Surgeon General, U. S. Army, and must state the full name, residence, and date and place of birth of the candidate.

Testimonials as to character and qualifications must be furnished. If the applicant has been in the medical service of the Army during the late War, the fact should be stated, together with his former rank, and date and place of service, and testimonials from officers with whom he has served should also be forwarded.

No allowance is made for the expenses of persons undergoing examination, as it is an indispensable prerequisite to appointment.

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Propylamine	2.545	none
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Non-oxygenous organic constit's.....	69.165	
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Chlorine with trace of Bromine.....	1.625	149
Soda.....	1.170	55
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Original Communications.

THREE CASES OF RETINITIS PIGMENTOSA, TOGETHER WITH A READY METHOD OF RECORDING THE FIELD OF VISION, AND A REGISTER FOR THE SAME.

Presented to the Suffolk District Medical Society by B. JOY JEFFRIES, M.D., Ophthalmic Surgeon to the Mass. Charitable Eye and Ear Infirmary.

RETINITIS pigmentosa is a disease now perhaps so often noticed by scientific ophthalmologists, that an apology is due the Society for bringing to their notice the following three cases. Its cause is, however, so wrapped in mystery, and its prevention and treatment so beyond our present therapeutic means, that possibly by the mere collecting and recording of cases, some light may be thrown on the pathology of this insidious, and, for the sight, fatal malady. The essential elements of the disease, as is known, are—general weakness of sight, night-blindness, contraction of the field of vision and nystagmus or oscillation of the globe, this commencing in youth, and leading to total blindness from the 40th to the 45th year. Since the invention of the ophthalmoscope, it has shown us the symptoms of the disease within the eye to be—deposit of pigment in the retina in irregular masses, not unlike the outline of bone-corpuscles; this at first in the equatorial region of the fundus, and gradually, as time goes on, encroaching on the macula lutea and optic papilla, this latter becoming atrophied and of a dirty-white color, whilst the retinal vessels are gradually obliterated, till finally hardly any trace of them remains. Shreds and floating opacities are found in the vitreous, and cataract complications, as stellate on the posterior surface of the lens, or as posterior polar cataract. With regard to the pathological histology of this extraordinary deposit of pigment, some of our best observers—as Donders, Graefe, Liebreich and Schweigger—are still at variance. The trouble in the vitreous, and the peculiar forms of cataract, would point towards choroidal trouble as its origin, and its presence be thus, so to speak, accidental.

VOL. I.—No. 13.

On the other hand, its immediate connection with the retinal vessels has in certain cases shown that it may come from the retina also. It would seem probable that both the choroid and the retina are involved in this fearful malady. But few specimens naturally come within the reach of those able to examine them accurately, and time must decide these points, so important to indicate any treatment. It is possible that we may never be able by therapeutic means to control or affect this malady, for retinitis pigmentosa seems dependent on some lack of, or wrong, abnormal development, during the growth of the body, the result of which induces final degeneration of the retina. Observers have frequently called attention to the association of this disease with congenital deafness, deaf-mutism, lack of development of intellectual faculties, idiotism, cretinism, and with irregular or excessive development characterized by supernumerary toes and fingers. Moreover, Liebreich's observations showing that some 40 per cent. of the cases he found had parents who were blood relations, would point towards a connection between the two. Rothmund's report that he found retinitis pigmentosa almost entirely among the Jews, whose frequent intermarriages are notorious, supports the idea also. We must, however, keep the disease distinct from other forms of choroiditis, or rather from forms of choroiditis exhibiting amongst their symptoms this peculiar distribution of pigment. A single authority, McNamara, would make it dependent on syphilis. His observations are confined to the natives of India.

R. W. B., aged 19, Massachusetts. Has been from childhood more or less amblyopic, and especially suffered from night-blindness. His power of vision has decreased as he has grown older, so that he follows the occupation of a shoemaker with difficulty. General health, bodily development and intellectual faculties good. April 6th, 1867.—His vision is for distance—Right eye, $\frac{1}{2}$. Left eye reads 200 at 7 feet. For the near, he reads Jäger 4 at 7 inches with right eye, and makes out Jäger 13 with left eye. With convex glass $\frac{1}{2}$, he reads Jäger

[WHOLE No. 2096.]

1, being perfect vision. Ophthalmoscopic examination showed the disease to be retinitis pigmentosa in its most characteristic form. The mother had good eyes; she died nine years ago. The father, aged 60, still lives, having good eyes. They were not blood relations. Patient has three brothers and three sisters. The oldest brother, aged 36, has very poor vision; cannot work. One sister, aged 25, married, has poor eyes, but not so bad as the eldest brother. No record of aunts or uncles. Field of vision was reduced to irregular outline, about 5 inches in diameter, at 12 inches distant.

J. H. R., Charlestown, Mass. Morocco dresser. Hair red. Aged 25. Irish parentage. A healthy-looking, well-developed and intelligent man. Has been troubled somewhat from want of action of the bowels. Never had syphilis. Has now some inflammation, chronic, of the Meibomian follicles. Served in the navy during the rebellion, and was once struck over left eye by a rammer, which produced no permanent injury. Externally, there was only the movement of the eyes, so characteristic of the disease, to be noticed. His eyes have troubled him as long as he can remember, and his vision gradually became poor, night-blindness being a marked symptom, and on this account was relieved, while on board ship during the blockade of Charleston, from duty requiring good eyesight. Oct. 29th, 1867.—Has vision for distance with $-\frac{1}{2}$ = $\frac{2}{3}$; for the near, he reads Jäger 1 at 8 inches with each eye, being perfect vision. Ophthalmoscopic examination showed a typical case of retinitis pigmentosa. Each optic papilla had a conus round it, with defined border, showing, perhaps, congenital myopia, as also shown by improved vision for distance with $-\frac{1}{2}$ and reading Jäger 1 at 8 inches.

From the patient himself, and through him from an aunt, I learned that his parents were not blood relations. He had five brothers, born in the old country, now dead, their vision said to be good. One sister, living and working in this country, whose eyesight is not good or perfect. The field of vision was very much reduced, preventing him from working at his trade, more than corresponding to the deposit of pigment, being equal to but one inch in diameter at 12 inches distant.

R. S., farmer. Cromwell, Conn. Hair red. Aged 33. A sufficiently intelligent, well-developed, healthy-looking man. Complains that his vision never was so good as other people's; when 21 years old, had

"lung fever," and sight afterwards poorer, "less strong." Patient has now some degree of photophobia; nothing externally seen but the peculiar movement of the eyes generally noticed. Three or four years ago he could read, and during the rebellion was not exempted from the draft on account of his eyesight. Now, Nov. 16th, 1867, vision is reduced to counting fingers and being able to grope about.

Ophthalmoscopic examination showed retinitis pigmentosa, viz.: abundant deposit of pigment over retina, especially left eye; optic papillæ encroached upon by retina; vitreous rather cloudy and floating opacities; delicate, web-like deposit on both posterior capsules.

The parents were not blood relatives. The mother's brother had gradually lost his sight before 45 years of age. Patient's five sisters all have good sight. One brother has become gradually nearly blind at 44 years. Patient says the mother is "near-sighted," aged 67; "sees things near to, but not at a distance."

For two of these cases I am indebted to the kindness of my colleagues at the Massachusetts Charitable Eye and Ear Infirmary, Drs. F. P. Sprague and Robert Willard; the other occurred during my own service at the institution. As respects treatment, it may be readily comprehended that it can be of little service in a disease progressing to atrophy of the optic nerve and the perceptive elements of the retina, and must be limited to allaying irritation by local removal of blood from the temple and the administration of medicines adapted to any existing derangement of the system. The removal of the orange-colored light by wearing cobalt-blue tinted glasses, which shall also be adapted to correct any myopia, &c., is of course to be included.

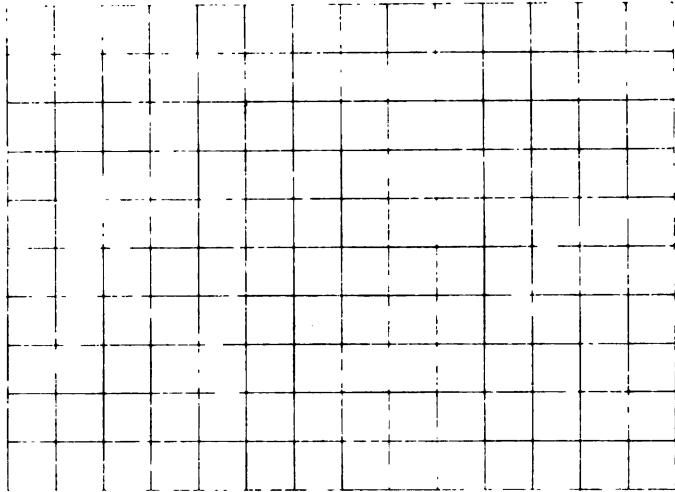
At times, seemingly brilliant results have been obtained by the more powerful alteratives, such as iodide of potassium, corrosive sublimate and decoct. Littmanni. This benefit was, however, but temporary, and the patient in reality worse off, as vision seemed afterwards to diminish more rapidly. It would appear that any drug which hastens change of tissue can be but prejudicial where that change is but atrophy.

This disease is not a very uncommon one. Its average occurrence we cannot give precisely, but Dr. Mooren had 82 cases in ten years in the clinic at Dusseldorf among 32,000 cases of all diseases of the eyes. Were it looked for in the amblyopic or blind, it would no doubt be oftener recognized. The ophthalmoscope first showed

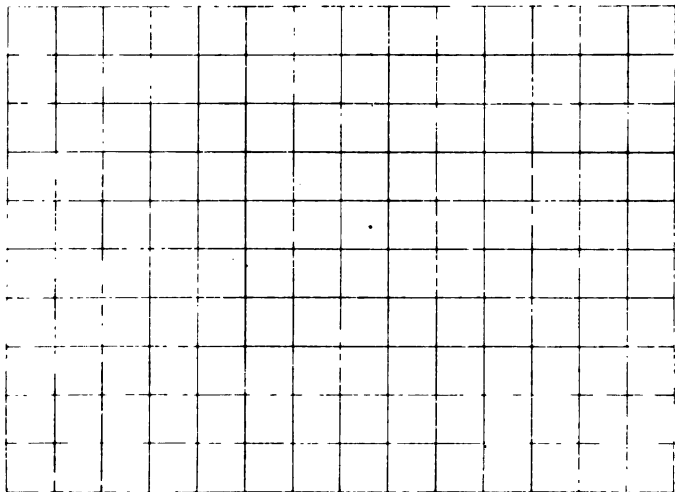
REGISTER OF THE FIELD OF VISION.

B. JOY JEFFRIES, M.D. BOSTON.

RIGHT EYE.



LEFT EYE.



us the proximate cause of the affection, and we cannot but recall with a shudder the old days before its invention, when retinitis pigmentosa was, like many other intra-ocular diseases, called amaurosis, and treated by more and more powerful remedies, as it seemed to prove more and more stubborn. At present we cannot cure, but we can to some extent retard the progress of the malady, and forewarn the unfortunate patient of the coming blindness.

I have made this hasty sketch of the disease and reported these cases in brief, to again call attention to the affection, which may readily be mistaken by the general practitioner for myopia or asthenopia. While different members of one family, or blood relations in different generations, have gradually become blind, this malady must be thought of, and its probable hereditaryness distinctly announced. The peculiar deposit of pigment, as seen in the plate from Liebreich's Atlas, compared with the normal fundus oculi as represented by Jäger, is so striking as hardly to escape any observer who is enabled to see the bottom of the eye at all with the ophthalmoscope.

Since special attention has been called to the importance of examining the field of vision in a large class of diseases of the retina, and also in cerebral trouble, the necessity of being able to make the examination quickly and record it expeditiously and permanently, has led me to adopt the following method, which I have found so ready and useful that I am induced to bring it to the attention of the Society.

I make my examination in the usual way, letting the patient sit down in a chair and lean against the back, so as to keep the head more steady. The blackboard, about 4 feet by 3 feet, I place exactly one foot in front of the eye. Covering the eye not to be tested, and directing the patient to continue to look steadily at a small cross, a pencil of chalk is approached in various directions, and, when seen, the spot marked on the board. Connecting these dots together, we have the periphery of the field of vision, and can in like manner examine the central portion.

Now, in order to have a permanent record of the case, I place over the blackboard a light frame, across which, in both directions, fine white pack-thread is stretched at every three inches. The threads lie against the board, and we thus have it divided up into squares. Care is taken, of course, that the central cross at which the patient looks shall correspond to the meeting of two threads. Then on my "Register of the Field of Vision," which is reduced to one twelfth, and the squares of which are there-

fore one fourth of an inch, I draw the outline of the field of vision, copying the line in each square from the blackboard. This gives me a field corresponding to the eye at one inch from the paper, being one twelfth of the distance of the patient's eye from the blackboard. There are two registers printed, one for each eye. On the other side of the sheet we can write the necessary data in the case. If need be, we can transfer our result back again to the blackboard. The plates of the field of vision hitherto used in reports of cases published give us in reality only the shape of the outline, and perhaps, by shading, some idea of the relative amount of vision of different parts. In my method we have the true size of the field, and should we desire to have the case illustrated, the artist has a positive size to go by, which I have adapted to an octavo volume. The examination and record in an ordinary case will not thus take more than fifteen minutes. The registers are $2\frac{1}{4}$ by $3\frac{1}{2}$ inches, corresponding to a $2\frac{1}{4}$ by $3\frac{1}{2}$ feet blackboard. Cases in which we examine the field of vision may last weeks or months, and by this easily adopted method we can, by referring to our various records on the register, see what change has taken place, and thus often give definite prognosis or have positive indication for treatment.*

CASE OF A DOUBLE HERNIA IN A SINGLE SAC.
—Mr. HENRY LEE read before the Royal Medico-Chirurgical Society the particulars of a case in which, during the operation for hernia, two openings were discovered between the sac and the peritoneal cavity. These openings both existed in the neck of the sac at the internal ring. It was supposed that the testis, which had not descended on the side of the hernia, had lodged at the internal ring, and that, by its pressure on the one hand, and the pressure of a truss on the other, adhesions had been established between the two layers of the original hernial sac opposite the most projecting part of the testis. On each side of the adhesions so formed, a fresh hernial protrusion had, it was thought, occurred, so as to present two distinct herniæ in one sac. One of these herniæ, when the patient was first seen, presented a decided impulse upon coughing, which led to the belief that no operation would be required. It appeared, however, subsequently, that the second hernia was strangulated at the time. The symptoms were all relieved by the operation.—*Medical Times and Gazette*.

* This is printed in Stellwag von Carion's recently published translation.—B. J. J.

CASES OF OVARIOTOMY, WITH SOME REMARKS UPON THE OPERATION.

By WM. WARREN GREENE, M.D., Professor of Surgery in the Medical School of Maine and in the University of Michigan.

THERE is no occasion at the present day for multiplying reports of ovariectomy, unless the cases possess some unusual interest. Therefore, in presenting the following cases, which, eight in number, constitute all the operations that I have performed up to this time, I shall avoid details, except they be of special value.

CASE I.—Miss —, aged 16. I first saw her with her physician, Dr. H. S. Lucas, of Chester, Mass., in December, 1862. She had been a healthy girl until two years before, at which time menstruation was established, and soon after she noticed an abdominal enlargement. She could not tell whether it began more upon one side than the other, but thought "both alike." This gradually increased, without pain or tenderness, or any marked impairment of the general health, until the spring of 1862. At this time it increased rapidly, and even before the distention was extreme, her health failed quite suddenly. She lost strength and appetite, and suffered great derangement of the digestive organs. A marked feature was, also, an unusually rapid pulse, which Dr. Lucas assured me was 140 per minute, whereas its normal rate was below 80. Dr. L. tapped her at this time, drawing off "about three pailfuls of syrupy, molasses-colored fluid." The operation was followed by immediate relief of all unpleasant symptoms, appetite and strength returned, the pulse fell to its natural standard, and in a few weeks she was in excellent health.

By the following September, the abdomen had again enlarged sufficiently to reproduce the symptoms above described, which were as speedily relieved by paracentesis as in the first instance, a fluid of similar character, though in less quantity, having been withdrawn.

I found her, in the following December, with all the evidences of a multilocular ovarian cyst, and with the same derangement of the general health as had preceded the two previous tapplings. The heart's action was very rapid and feeble, and yet the enlargement was not nearly as great as is frequently seen when the action is little if at all affected by the pressure. My notes of the case do not include a statement of the quantity of liquid at this time evacuated, but I think the amount was about eighteen

pounds. This was again followed by speedy restoration to health.

Having explained to herself and friends the nature of her case, and her chances with and without an operation, she was left, with the advice that in case she elected it, excision should be performed before the re-accumulation was sufficient to produce much general disturbance. In eight weeks, the sac had re-filled sufficiently to disturb the stomach and heart, and she decided upon an operation. This I made in the presence and with the assistance of Drs. H. S. Lucas, A. M. Smith, and F. K. Paddock.

Ether being administered, she was placed, supine, upon a table in a room the temperature of which was 80° Fahr., and the air was kept constantly moist by steam. Standing upon the patient's right, I made an incision, with a common scalpel, in the median line, from above the umbilicus to the pubes. This was afterwards extended nearly to the ensiform cartilage. The tumor was readily exposed, and the principal cyst, seized and steadied by a tenaculum, was emptied of its fluid contents, which resembled that removed in the former tapplings. There remained a fleshy mass filled with small cysts containing thick albuminous jelly, the whole being so large as to require the extension of the first incision above referred to. Adhesions of moderate strength existed over a considerable portion of the abdominal parietes, and also to the lower border of the stomach and liver, but none were sufficiently firm to prevent a ready separation of the tumor. The pedicle was found to be the right broad ligament. This was transfixed with a needle armed with a double ligature, and each half tied in the following manner, which I describe with some particularity, for a reason which will be apparent further on. I had turned the mass out of the abdomen towards myself, and while partially supporting it, tied one half of the pedicle. My friend, Dr. —, who stood opposite, said, "Let me tie the other half, Doctor, I can reach it more easily than you"; and, in violation of a rule from which I have not since departed, I reluctantly allowed him to do so. As he tightened the knot, I noticed, what always makes me apprehensive, that he did so with a *wriggling* motion of the hands. This motion is often seen, and is made, I suppose, with the idea that thus the knot is more effectually tightened, whereas the effect, so far as any is produced, is almost invariably to loosen it. I said, "Doctor, are you sure that is tight?" He assured me

that it was, and I divided the pedicle and removed the tumor, which weighed, contents included, forty pounds. The ligatures were then carried through an opening made in the posterior *cul de sac* of the vagina down through that canal, and fastened to the thigh with adhesive plaster. During the entire operation, steady and even compression of the abdominal walls had been maintained by assistants, and my hands and sponges kept constantly moist with artificial serum *at blood-heat*. After the cavity was cleansed, a considerable quantity of this fluid was poured in and allowed to drain off through the vagina. The external wound was then closed by interrupted sutures of silver wire, which included the entire thickness of the parietes, except the peritoneum. These were placed half an inch apart. A light compress being placed along the line of the wound, a swathe was applied and she placed in bed wrapped in warm blankets, with bottles of hot water around the extremities.

The patient recovered readily from the anæsthesia, and was in excellent condition. She took a moderate dose of morphia, which was repeated *pro re nata*, but a very small amount being required to control pain.

I saw her the next day (Friday) at noon, and found her still in good condition, no symptoms of peritonitis presenting. She had slept quietly the greater part of the night, and was very cheerful and hopeful. On Saturday evening, I received a telegram from Dr. Lucas, saying, "— is doing splendidly; she will get well." On Sabbath evening, I received another despatch, asking me to visit the lady as soon as possible. A drive of twenty miles over terrible roads was not very rapidly accomplished, and when I arrived, at 3 o'clock, Monday morning, the patient had been dead two hours. I learned that she remained entirely comfortable till late Sunday afternoon, when she began to be restless and anxious, complaining of slight abdominal uneasiness; from this time she grew gradually weak, pale, complained of faintness, sank and died. Dr. Lucas and myself were both of the opinion that she had died of hæmorrhage, and Dr. L. remarked that he had not "felt easy about the ligature that Dr. — tied." We examined the body, Dr. Paddock, then medical student, assisting. The external wound had united by first intention throughout. The abdomen was filled with blood, which, upon examination, was found to have issued from the half of the pedicle that we had suspected, the ligature having loosened, so as to admit the handle of the

scalpel between it and the pedicle. I have the specimen. Not a sign of peritonitis appeared. The ligature of the other half was separating kindly, the stump looking healthy.

CASE II.—Mrs. —, aged 30. Was always healthy previous to her confinement, which was natural, in the spring of 1864. Soon thereafter, she noticed an enlargement of the hypogastrium, most marked on the right side. This had very rapidly increased within the three months previous to my visit, at which time, in January, 1865, I found her with an amount of abdominal distention sufficient to cause much interference with the functions of the viscera, and a careful examination revealed an ovarian cyst. She had been rapidly failing in strength and flesh for several weeks, and was now entirely confined to the bed, and so weak as to require assistance in changing her position. Her pulse was very rapid and feeble, and her general expression such as to give very little encouragement for an operation. She had suffered from several attacks of peritonitis, no one of which was very severe.

She decided to take the forlorn chance of an operation, which I made with the assistance of Drs. Talbot and Pettee, of Wilmington, Vt., and Drs. Charles Bliss and Frank S. Abbott, then my students. The mode of procedure was similar to that adopted in Case I. The tumor, which was multilocular, was firmly adherent in many points to the abdominal walls, intestines, stomach and liver. The pedicle (right broad ligament) was transixed, and each half tied with a suitable ligature, after which I carried an additional one around the whole, carrying the three down through the vagina, as in the first instance.

She sustained very little shock, and we left her, three hours after, comfortable, though very feeble. She now got anodynes *pro re nata*, requiring only moderate doses, and was carefully supported from the first with concentrated nourishment—quinine, wine and muriated tincture of iron. As we feared, her recovery was very slow and tedious. So low was her vitality that the external wound united slowly, the lower angle at one time re-opening, through which, as well as through the vagina, much ichorous, foetid discharge issued. Such was the condition of her blood, that her mouth and throat became aphthous, and ulcerations of the mucous surfaces occurred in various places. The *septum nasi* was attacked and perforated, the opening now remaining admitting the little finger. The tonics and

stimulants were increased until heroic doses were given, to which she responded well. In addition, the abdominal cavity was *thoroughly washed out* once or twice daily, according to indications, with artificial serum at *blood heat*. This was accomplished by using a long pipe (a large catheter answers nicely) attached to an elastic syringe and inserted into the opening in Douglass's *cul de sac*, through which the ligatures passed, which allowed the fluid ready exit after it was injected, although for a part of the time a portion of it escaped through the lower angle of the external wound.

I advised Dr. Talbot, the attending physician, to consider *symptoms* of *peritonitis* indications for this washing out of the abdominal cavity, and it *invariably* had the *immediate* effect to relieve local distress, allay fever and restlessness, and in every way improve the condition of the patient. While the discharges were of an acrid or offensive character, solutions of chlorine were added. After a tedious illness, this lady made a good recovery, and is now in perfect health. The tumor weighed 38 pounds.

Too much praise cannot be awarded to my friend Dr. J. H. Talbot for his faithful, skilful care of this case; and to his ready appreciation of the varying indications and the prompt, energetic and skilful manner in which he met them, does this patient owe her recovery.

[To be continued.]

Hospital Reports.

MASSACHUSETTS GENERAL HOSPITAL.

Surgical Operations for the week ending March 28th.
Reported by Messrs. THOMAS WATERMAN, Jr.,
and H. H. A. BEACH.

1. *Necrosis of Ilium*. Dr. R. M. HODGES.—Female, aged 19. Two years ago, this patient received a bruise over her right hip from a rod. Soreness alone followed, lasting about three weeks. One year later, a small abscess pointed at this spot, and, evacuating itself, continued to discharge for two months, when it closed and remained so till two months ago, when the abscess repeated itself. There has been no pain and no lameness. On examination, there was found an irregular ulcer, about half an inch in diameter, and two inches back of the anterior superior spinous process of the right ilium; a probe introduced into this, after a little manipulation, reached diseased bone beneath. A free crucial incision was

made through the ulcer down to the ilium; these flaps being reflected, a sinus was found leading through the bone to the inside of the pelvis. A probe introduced through this cloaca detected diseased bone on the inside of the ilium, anterior to the point of entrance. Two disks of bone, one half an inch in diameter, were removed by the trephine—one involving the cloaca and the other three fourths of an inch anterior to it. The intervening bone was then removed by a chisel.

The inner surface of the removed bone was found roughened and a portion of its substance wanting. There was but slight hæmorrhage, and this stopped spontaneously.

2. *Blepharoplasty*. Dr. H. J. BIGELOW.—Male, aged 19. In September, 1865, this patient received a gun-shot wound. The explosion carried away the surface of the right upper lid and frontal region, leaving a considerable indentation of the bone, but without injuring the eye. On recovery, the upper lid was everted and fastened to the eyebrow, with entire loss of skin and outer two thirds of the ciliary border. The interval between the eyeball and the eyebrow was occupied by a red, granulating surface. At the first operation, the margin of the lid had been brought down from the eyebrow and a large flap, two and one half inches long and one wide, had been taken from the temple as far back as the hair. This was now cicatrized and smoothed, the pedicle having been at a previous time adjusted. Now, on the outer half of the ciliary margin the mucous membrane is still everted to the extent of one third of an inch. *Operation*.—The everted edge was carefully dissected and brought down, and a flap one half an inch wide and two inches and three fourths long was taken, like the last, from the temple, on a line horizontal with the eye. This was secured in the dissected interval by fine sutures.

Since the above was written, the whole flap has united, and the wound in the temple also, by the first intention.

3. *Ligation of Hæmorrhoids*. Dr. H. G. CLARK.—Patient has had external hæmorrhoids for about a year. *Operation*, with ether. Three double ligatures were passed through the external folds, and the skin was cut with a scalpel between the points of entrance. The ligatures were then tied in the grooves (to save time and pain in the ulceration), and the mass strangulated.

4. *Tumor of Leg; Amputation of Thigh*. Dr. R. M. HODGES.—Patient, an Irish boy, aged 13. Last August, while bathing,

struck his left shin against a log, inflicting a bruise at the junction of the middle and upper thirds. No trouble, not even any soreness followed, till two months later, when he discovered at this point a tumor as large as half a hen's egg. A poultice was applied, but the tumor continued to grow rapidly. He was able to walk till about Feb. 1st, and never suffered pain sufficient to occasion remark. The tumor occupied the upper three fourths of the leg, chiefly on its anterior aspect, though involving its whole circumference; it measured, at its greatest circumference, twenty-four and one half inches, while the other limb at a corresponding point measured nine and one half inches. The integument covering it was tense, smooth and shining; the veins traced from beyond its limits on to the tumor were enlarged, tortuous and prominent; from several points on its surface a few drops of serum had oozed and become inspissated; to palpation it was elastic. A semilunar incision was made through the integument, just below the patella, into the joint, and the knife being carried through, a flap was formed from behind, too scant, owing to the encroachment of the tumor. The patella was then dissected out, and the end of the femur removed immediately above the condyles. Ten vessels were tied, the flaps secured by silk sutures. A crucial bandage was then firmly bound over the end of the stump, which was ordered to be kept wet. The following is Dr. Coolidge's report of the appearance of the tumor on dissection:—

"The tibia was completely destroyed; extent, three and one half inches from the tuberosity. Fragments of shell, rough and denuded, separated from each other on all sides. Periosteum attached to fascia. Muscles of calf pushed back. Peronei pushed outward. Tumor completely enclosed by dense periosteum. On opening, carcinomatous tissue, numerous hydatids, degeneration."

5. *Cauterization of Nævus (secondary).* Dr. S. CABOT.

6. *Evulsion of Toe-nail.* Dr. S. CABOT.

7. *Tumor of Breast; Excised.* Dr. H. J. BIGELOW.—Patient, aged 65. Two months ago, her attention was called to the left breast by a "stinging" pain, and, on examination, found a "hard bunch," which has increased but little since. There was a tumor, apparently deep in the gland, of the size of a horse-chestnut, situated immediately above the nipple. The nipple is slightly retracted. An exploratory incision was made, which disclosed its malignant character. Two oval incisions were

then made, nine inches long, with their general direction at a right angle to the fibres of the pectoralis major muscle, and including the nipple. The whole gland, together with the tumor, was then dissected out. Five vessels were tied, and fourteen silk sutures passed through the flaps, which were to be secured when all danger of hæmorrhage had passed.

[To be continued.]

BOSTON CITY HOSPITAL.

Compound Fracture. Reported by F. C. ROSES, M.D., one of the Visiting Surgeons.

W. D., aged 46. Laborer. (Service of Dr. THORNDIKE.) Entered Hospital about 10, A.M., on Dec. 10th, 1867, having sustained a compound fracture of left tibia and fibula by falling a distance of about fourteen feet from a staging, one hour before entrance. Had also an incised wound of lower lip, and some contusions; but no other injuries. Tibia is fractured about $\frac{3}{4}$ in. above its lower extremity, the fracture extending into the ankle joint. The fibula is broken an inch or so higher up. Considerable oozing from wound. Limb was at once put into a fracture-box. During the afternoon he suffered some pain at the seat of fracture, perhaps due to the force necessarily employed in the reduction. *R.* Pulv. ipecac. et opii, gr. x. every three hours.

Dec. 11th.—Slept well, after taking three powders and $\frac{1}{2}$ of a grain of morphia by subcutaneous injection. No more oozing. Pulse and tongue natural. Appetite good.

12th.—Slept well without an opiate. To have House diet.

15th.—Very little swelling. Wound has begun to discharge, and there is a slight blush about it. *R.* Tinct. cinchonæ compositæ $\frac{3}{4}$ ss. twice a day.

19th.—There is considerable œdema, but it does not appear to be increasing.

21st.—Comfortable. No unfavorable symptom.

23d.—Position good, but cannot bear the pressure of the necessary padding. Leg removed from fracture-box, and placed on a pillow. Proper position secured by means of sand-bags.

31st.—Position not so good. There is a tendency to dislocation of the foot backwards. Leg put again into fracture-box, but foot suspended from the cradle.

Jan. 4th, 1868.—Position good. Discharge moderate.

11th.—Discharge diminishing.

14th.—Some degree of union has taken place.

25th.—Doing well. Granulations healthy; position good.

Feb. 3d.—Some swelling and redness are noticed over external malleolus.

7th.—A probe passed into wound detects dead bone, apparently loose. Ether was given, and the opening was enlarged by means of a crucial incision. The fragment of the malleolus which was broken off at the time of the injury was found dead, and was removed. Lower end of tibia gouged away. Astragalus apparently healthy. Fibula firmly united. Wound filled with a sponge.

8th.—Sponge removed without hæmorrhage. No pain of importance.

9th.—Suppuration going on. Fluctuation detected over external malleolus. An incision was made, and a little bloody pus let out. The joint moves fairly. General condition good. Fracture-box dispensed with. A side splint applied. A wash of carbolic acid (3iss. to Oj.) applied.

12th.—Discharge free. Wound looks well. No denuded bone detected.

Feb. 17th.—Doing well every way.

March 16th.—Nearly well.

30th.—Fair motion in joint. Discharged, well.

Remarks.—The treatment of compound fractures often becomes a very embarrassing question to the surgeon. Certain rules are laid down in some books; different ones in others. The fact is that it is quite impossible to make rules for all cases; and perhaps for this very reason, nothing is more perplexing, under certain circumstances, than to make up our minds clearly as to whether or not to perform amputation in a case of compound fracture. As a general rule it may be stated that compound fractures of the upper extremity, even when involving joints, may be saved; or at least, there is usually no very great danger in making the attempt to save them. If the shoulder-joint be opened, resection may be performed with no great additional danger to life. And so with the elbow; for even if our attempts prove eventually unavailing, it will rarely happen that the patient's condition will be such as not to give us an opportunity to perform a secondary amputation. So that as regards the upper extremity, the treatment may be considered simple; not because we are able to tell certainly when we are first summoned, whether the case will or will not finally come to amputation, but because our *path of duty* is generally clear; which is, to make an attempt to save the limb. But it is not so with the lower extremity. Compound fractures here, are

more serious injuries; the shock to the nervous system is greater, the hæmorrhage usually more abundant, and the injured tissues are situated at a greater distance from the heart, and are therefore, *ceteris paribus*, less easily repaired. If a compound fracture of the lower extremity were a *still more* serious injury than it is, the line of treatment would be more clear; for we should have to amputate in *all* cases; or if, for instance, it could be shown that all cases of compound fracture of the *femur*, not submitted to amputation, perished, then we should have no doubt, as regards the femur, at least. But the trouble is, that, once in a while, a case comes to our knowledge, in which the symptoms were very unfavorable, no amputation was performed, and the patient recovered; and not only recovered, but had a useful leg besides. This dilemma reminds us of a remark of one of our most esteemed professors, with regard to patients with disease of the heart; "some of whom," said he, "continue to live on, with the most *unscientific obstinacy*, after they have been condemned to death, years before, by the highest learning in the country."

However, we are really not often in doubt with regard to cases of compound fracture of the femur. The *rule* is, amputation. The cases suitable for conservative surgery, are those in which the external wound is small and not badly lacerated; no important soft tissues are injured, the fracture is not comminuted, and the age and other circumstances of the patient are favorable. In some such cases, as in one lately reported by Dr. George Derby, it is possible to reduce the case to one of simple fracture, by squeezing out all the air and blood from the wound, and sealing it up in some way; perhaps by Mr. Lister's carbolic acid plan. A great benefit will have been conferred on surgery, when it is shown clearly how far we may safely go in these attempts to render compound fractures simple.

Compound fractures of the knee-joint usually require amputation or resection. Yet not always; for in children and young persons, recovery sometimes occurs without operative interference. We once saw such a case, in a fair way to recovery, at the Great Northern Hospital in London. But these cases also do not generally give us any reason for hesitation as regards treatment.

We come now to compound fractures occurring below the knee, not involving the knee-joint. Of course if, in any such case, it be possible to reduce the compound fracture to a simple one, we should not think

of any operation. But we shall not often be able to do this; and I think it may be stated as a pretty general rule, that compound fractures of the leg, in persons past middle life, require amputation. I am not prepared to deny, that if we were *obliged* to make the attempt to save all such cases, we should be surprised at the number of recoveries; but when we consider that, if we amputate, the patient will probably recover, and if we do not amputate, he will as probably sink under exhausting suppuration, blood-poisoning, &c., it certainly seems our duty to operate, unless the condition of the patient be unusually favorable. Still more is this so in cases in which the ankle-joint is involved. We desire to speak guardedly on this point, because we are aware that different surgeons hold different opinions; and it must not be forgotten, that the treatment of such cases in a hospital, in a large city, is a very different thing from the treatment of strong and otherwise healthy persons in a rural district. But as regards hospital practice, we are disposed to think that amputation had better be performed in most cases of compound fracture of the leg, occurring in persons over forty years of age, or in those debilitated by over-work, intemperance or other causes.

The case before us, however, appears to be an exception to this rule; and it is just because such exceptions do occur, that the surgeon's position in regard to the question of amputation often becomes one of doubt and hesitation. We have now under treatment at the hospital, a man (transferred to our care by our predecessor in service) who entered with a simple fracture of the right leg. Before many days an ulceration of the integument took place over the fracture, rendering it compound. Now, at the end of seven weeks or more, there is no union, the lower fragment is necrosed for about three inches, profuse suppuration is going on, and the man has a feeble pulse varying from 100—180, and diarrhoea. We recommended to him to have his leg removed, but he refused; and considering his feeble state, and the fact that the amputation might have to be performed above the knee, we did not urge an operation. This man is about forty-five years of age, and appears never to have been very strong. On the other hand, we also have a patient, convalescent after compound fracture of the leg. But he is under forty years of age, and is an uncommonly healthy and robust man.

If, in any case, it be determined to try to save the limb, great attention should be paid to cleanliness, the most nourishing and

easily digested food should be given, stimulants and tonics (if indicated) should be freely administered, and the surroundings of the patient should be cheerful and encouraging.

Reports of Medical Societies.

SPRINGFIELD SOCIETY FOR MEDICAL IMPROVEMENT. M. CALKINS, M.D., SECRETARY.

Diphtheria; its Treatment with Chlorine. By Dr. S. F. POMEROY.—The patient, a child, was taken suddenly ill at school, fainted, and was carried home. In six hours, had inflammation of the throat, very foetid breath, a glazed tongue, the fauces presented a mahogany color, and the diphtheritic exudation was well marked. Every four hours, I ordered the use of a tablespoonful, properly diluted and sweetened, of the compound recommended in No. 39 of Braithwaite:—*R.* Potassæ chloratis, ℥viij.; acidi hydrochlorici, ℥iv.; aquæ, Oij. Pulverize the chlorate of potash and pour on the acid. As soon as the powder turns of a yellowish color, and the chlorine gas begins to escape freely, pour in the water. The improvement was very soon perceptible. I also used, as a local application, a solution of the persulphate of iron, applied with a swab to the throat. The diet was mainly milk and water, drunk freely.

The result of the treatment was much more satisfactory than that experienced under any other I ever used. No paralysis followed, and the recovery was complete. In one week after, the mother of the child was taken sick with the same disease, which was quickly removed by the same treatment.

While located in Stafford, Conn., I treated fifty cases during one of the most fatal epidemics of the disease that ever prevailed in this part of the country. The mortality was nearly fifty per cent. Some died in ten hours from the time of attack. All the cases occurred within a circle of half a mile, and no medical treatment seemed to have much control over the disease. Chlorate of potash (internally and locally), quinine and brandy, astringent gargles, nitrate of silver, persulphate of iron, sulphate of zinc, all were used, but the same result followed—the disease ran its course. The application of ice to the throat on the outside, and its use internally with milk for nourishment, was, on the whole, most suc-

cessful in this epidemic. I made six autopsies; the blood I noticed was dark, and had no coagulum. I have recently used the chlorine and milk treatment, I think with better results than any other. I regard the disease as constitutional, caused by a poison of a peculiar character. The danger lies in the tendency to paralysis of the muscles of respiration, from the effect of the poison on the medulla oblongata. The muscles of deglutition are also peculiarly affected. I have known patients to walk across the room, and in a few minutes expire. I think narcotics contraindicated; and that they often hasten a fatal termination.

Dr. W. W. GARDNER said:—"I have treated a dozen cases, have relied on tonics and stimulants, and with very satisfactory results, never having lost a case. I regard the disease as probably parasitic, as both constitutional and local, and think it possible for the blood to be re-infected from the poisonous secretions of the throat. I think the indications are to destroy the poison in the blood and sustain the system. I think death often takes place from paralysis of the *par vagum*."

Dr. M. CALKINS remarked:—"I think that no treatment has been so successful in my practice in diphtheria as the free use of the chlorine compound spoken of by Dr. Pomeroy. Before using this, the mortality was quite large, but afterwards it was very much reduced. In cases which have come under my observation during the first stage, this remedy, with the external application of ice, and milk for nourishment, has succeeded in arresting or in so modifying the disease as to make its subsequent course very mild. I very seldom have occasion to use caustics or strong gargles, as the chlorine mixture prevents excessive accumulations in the throat. In two very severe cases, I have succeeded with this treatment to the exclusion of every other remedy. The mixture, I think, enables the patient to digest a much larger amount of nutriment than would be possible without it, thus preventing extreme collapse and the necessity for stimulants and quinine. No doubt there are cases in which the blood is so thoroughly infected as to make them, from the first, incurable: but when the disease is known to be developing in the system, I believe it possible to arrest, or at least to modify its course, so as to prevent, in most cases, an unfavorable termination. Oftentimes it happens that the medicine disagrees with the stomach, in which case I give it well diluted and sweetened. Some-

times I have given a tablespoonful, properly diluted, every hour. In one case, seeking to test its efficacy, I gave it every other day, alternated with expectant treatment, and the improvement on the days when it was given, and increase of the severity of the symptoms when omitted, were very marked. As a rule, I give no stimulants, as the ice, chlorine mixture, and one quart of milk a day, prevent the necessity for their use. In over twenty cases treated in this way, I have had no paralysis result, or any other of the more serious sequelæ of diphtheritic poisoning."

Case of Embolism, occurring in connection with Chronic Bronchitis and Pleuritis. By Dr. M. CALKINS.—Mrs. K. came under my care in May, 1865. She was troubled with dyspnoea and bronchial cough, the right lung was contracted and the left enlarged. There was dullness on percussion over the right, and unnatural resonance over the left lung, with puerile respiration. The digestive functions were healthy. There were cavernous respiration and mucous râles over the right bronchus. The diagnosis arrived at was, the existence of bronchitis and induration and contraction of the right lung, from old pleurisy, and dilatation of the right bronchus. During the summer and autumn, I saw her occasionally, and prescribed remedies. During three weeks in the autumn she was under my especial care, at which time I directed diet, medicine, and general hygienic conditions. Her improvement was marked. She left my care about the first of November, 1865, after which she obtained two life insurance policies in companies that take invalid risks. Her health, according to the account of her friends, was about as usual through the winter of 1865-66, and during the spring of 1866, in May, she was attacked with inflammatory disease, which, according to the testimony of friends, was considered of a pulmonary character. On the night of May 23d, I was called to visit her at her residence in the city of Hartford. I found her right foot and limb gangrenous, and the thigh somewhat discolored and cold, with no pulse over the femoral artery. She had great dyspnoea, rapid pulse, and the usual phenomena of approaching collapse. I gave an unfavorable prognosis, as I thought that an embolus had closed the femoral or external iliac artery, thus causing the gangrene of the limb. A fatal result followed in about thirty-six hours, and on the day following, Dr. G. S. Stebbins and myself made a *post-mortem* examination, of which the following is the report:—

On opening the chest there was about a pint of serous effusion in the pleural cavities, about an equal amount on both sides. The right lung was adherent to the side and indurated and contracted to a very small size, and the right bronchial tube much affected; and the lung, where the bronchus entered, contained several deep ulcerated patches or small caverns about as large as a walnut. The left lung was not adherent at all, was somewhat enlarged, and healthy with the exception of showing some passive congestion. There were no signs of tubercle except a slight deposit at the apex, of the miliary form. There were no pericardial adhesions, and the valves and general appearance of the heart were healthy. The stomach, liver, spleen and kidneys, showed signs of congestion; the small intestines especially were injected. The uterus was somewhat indurated and ulcerated at the cervix. The mesenteric glands were healthy. On examining the descending aorta no signs of disease were found, but an inspection of the right common iliac revealed the existence of a fibrinous plug, or embolus extending through the artery to the external iliac, being from two to three inches in length, completely cutting off the circulation of the blood to the right limb.

This case is interesting, not only to the pathologist on account of the occurrence of the embolus and the sudden unfavorable result, but also in its medico-legal bearings. In November, 1865, soon after leaving my treatment, she obtained two policies of \$5,000 each in life insurance companies.

Her decease occurred on May 24, 1866, a few months after, and the holder of the policies applied for their payment, which was refused, on the ground of alleged misstatements made by the applicant in regard to her health, in consequence of which the companies assumed the risk.

An exhaustive trial was held in Hartford, at which the ruling of the Court was, that the statements of the applicant in regard to his or her health, amount to a warranty. The decision of the jury was in favor of the defendant, and the case is appealed to the Court of Errors, for a final decision, on points of Law.

Dr. Gardner presented to the Society an instrument donated to him by James Hinton, of London, England, with a monograph "On Perforations of the Membrana Tympani." The instrument is used to introduce into the ear the artificial drum. Mr. Hinton claims that his instrument is preferable to Toynbee's, in consequence of the substitu-

tion of a thread in his for a wire in Toynbee's, thereby avoiding the tinnitus aurium.

Medical and Surgical Journal.

BOSTON: THURSDAY, APRIL 30, 1868.

SANITARY REFORMS IN WAR.

HUMANITY has its triumphs in war as well as in peace; and it has been reserved for our own people to show in their late civil conflict as much ingenuity in saving life as in destroying it. The changes brought about in warfare by the introduction of rifled cannon and iron-clad ships have been no greater than those affecting the well-being of the combatants, which have resulted from the labors of Sanitary Commissions.

The two volumes whose titles we append,* and which we have just received from Paris, illustrate the force of our example in sanitary matters on the nations of Europe. The author says, in his Preface:—

"The history and example of the U. S. Sanitary Commission has exerted a powerful influence upon the organization and growth of kindred institutions. Old prejudices have been corrected, and the friends of humanity and progress everywhere encouraged to new and more vigorous efforts. These were rewarded during the late Austro-Prussian conflict with many splendid results, and have more recently effected important modifications in the rules of war as practised among civilized nations."

"To sum up," he continues, "the results obtained by the U. S. Sanitary Commission, it is known to have distributed relief representing a sum of the pecuniary value of one hundred and twenty-five million of francs; while it has probably preserved for the service of the United States an army of more than one hundred thousand men, by its attentions rendered to the sick and wounded." "A work so fruitful in happy results could not fail to attract the attention of other people; hence it was that when I had published my book on the U. S. Sanitary Commission, I received from all parts of Europe testimonials of the

* Sanitary Institutions during the Austro-Prussian-Italian Conflict, &c. &c. By Thomas W. Evans, M.D. Paris. 1868.

History and Description of an Ambulance Wagon. By the same Author.

warmest sympathy, from sovereigns as well as from the people."

"In 1863, at the very time when the Sanitary Commission was developing itself in all its force, an international conference assembled at Geneva, to deliberate upon the means for establishing a sanitary organization which should prevent the recurrence of those heartrending scenes which characterized the battlefield of Solferino."

"In the discussion which took place, several members of the Conference expressed the opinion that a sanitary organization based upon the spontaneous efforts of the people was impracticable. The reader, who knows to what prodigious results the American Commission had arrived at that period, will understand my astonishment on becoming acquainted with the debates of the Conference."

The claims of the U. S. Sanitary Commission were, however, finally recognized, and the debates of the Geneva Conference resulted in a code of sanitary ethics very similar to those adopted in our own country. When the war broke out in Germany, Dr. Evans, who had already received an autograph letter from the King of Prussia, repaired to the scene of conflict, and studied and aided in the sanitary movements in the armies of that nation. These movements finally embraced a wide extent of means and objects, and although pecuniarily inadequate to the exigencies of a battle like Sadowa, they yet rendered vast service to the wounded of both nations. Our author then continued his personal investigations into Austria and Italy, and gives a most interesting account of what was accomplished in sanitary matters in the armies of those countries.

Finally, he decided to make a collection of all sanitary objects in America, and organize a museum for the sanitary department of the Paris Exposition; believing that in this way he could most readily bring before the whole civilized world the importance and the perfection of sanitary science. In recognition and furtherance of his plans, he was appointed by the U. S. Government their Commissioner, and by the Emperor a member of the International Jury. It is sufficiently well known to all how successful our country was in this department, occupying the chief place, and carrying off most of the prizes.

We in America certainly owe to Dr. Evans as warm thanks as were expressed to him by the various sovereigns of Europe, not only for the deserved prominence in which he has placed us before the eyes of the world in this noblest department of war, but for the real service he has rendered to humanity wherever civilized customs are observed.*

MEETING OF THE AMERICAN MEDICAL ASSOCIATION.—The 19th annual meeting of the Association, it will be recollected, takes place next Tuesday, in the city of Washington. An unfortunate typographical error occurred, it seems, in the printed Transactions of last year—it being stated, on p. 46, that the meeting this year would take place on the *second* Tuesday of May. We have heard of one case where the Secretary of a Society, guided by that statement alone, has issued his certificates to delegates bearing that date as the time of meeting. On page 35, in the same volume, the *first* Tuesday is mentioned—as it also is, we believe, in all the advertisements of the meeting issued this year.

THE LATE DR. JOHN HOMANS.—At the regular meeting of the Suffolk District Medical Society, held April 25th, the President, Dr. George C. Shattuck, said:—

At this, the first meeting of our year, our first duty is to notice the departure of one of our oldest, most respected and most beloved members. On Friday night of last week, after a day and evening of professional activity, as Dr. Homans was going to his chamber for the needed and well-earned repose of his bed, he was summoned to his eternal rest, and fell in the sleep from which there is no awakening in this world. We shall go to him, but he shall no more return to us, nor shall these places know him any more. It is then right and proper that we should dwell on his many virtues, and strive to fix in our memories the bright example of professional activity, kindness and skill set before us in so long a career. He had passed the allotted period of three score years and ten; he had educated and put into the profession two sons, both fol-

* In a letter received from Dr. Evans, he desires us to call attention to the fact that his works have been privately printed, and are not for sale; but that those who wish to obtain a copy may do so by addressing Messrs. John Wiley & Son, publishers, New York.

lowing in his steps; but he kept his own hand to the plough, and was found watching and working when the expected summons came, so suddenly and in a manner so little to be anticipated. We shall miss the old man and the hoary head; and we must grieve for our loss, for we can ill spare the ripe experience, the calm and kindly demeanor, and the other results of a long, active, and well spent life. Endearred as he was to professional brethren and patients alike, it is meet that we put on record our appreciation of his merits, our regret at his departure. This our regular meeting with a full attendance seemed the more fitting occasion for such expressions. Dr. Storer has been requested to prepare some resolutions which will now be offered, and we shall then hope to hear from others the testimony to his worth and excellence which will help us all, as day by day we rapidly advance towards the goal he has so happily reached. Dr. Storer said:—

MR. PRESIDENT,—It is natural, it is right, that when one of our number leaves us forever, we should recall his virtues and acknowledge them—it is a melancholy pleasure. I had not the good fortune, which I deeply regret, to be one of the most intimate friends of Dr. Homans. I knew him well enough, however, to consider him one of our most estimable men. I esteemed him as the good physician and the honest man.

I will not insult his memory by a word of fulsome eulogy—but would present the following resolution as expressive of the Society's esteem.

Resolved,—In the sudden decease of our late associate, Dr. JOHN HOMANS, we feel that not merely our Society and our Profession, but the community at large, have sustained a severe loss.

As an honest, conscientious, faithful physician and friend he will ever be remembered.

His cheerful smile, his words of encouragement, his kindness and tenderness are indelibly impressed upon the memories of thousands.

Ever anxious to maintain the character of our Profession; honorable in his intercourse with his brethren, at the close of a long and irreproachable life, he has left an example worthy the imitation of us all.

Resolved,—That to the members of his bereaved family our Society would offer its sincere sympathy.

The resolutions were seconded by Dr. MINOT, who said:

MR. PRESIDENT,—In rising to second Dr. Storer's resolution, I beg to say that I esteem it a privilege to be allowed to add my tribute of respect and affection for the memory of Dr. HOMANS. Few among us have

maintained such agreeable relations with the whole profession as he. He was universally esteemed by us, as well for his eminent professional attainments, as for his excellent heart, his genial disposition, his ready sympathy with all who were connected with him. He had no enemies. Occupying for many years the front rank of the profession, his success was never embittered by envy, hatred or malice. Simple in his manners and kind in his disposition, he won the love of every body who knew him. I feel, Sir, that I have hardly a right to trespass longer on the time of this meeting by expressing what is in the mind and heart of every one here present. I will only allude to the great services which Dr. HOMANS has rendered to the Massachusetts Medical Society, and, consequently, to this Society, which constitutes an important part of it. Besides the dignified and impartial manner in which he filled the office of President for three successive years, he sustained us by his generous and timely aid at a period when our finances were seriously embarrassed, and thus enabled us to establish ourselves on a sure foundation. Since that time, as Chairman of the Committee of Finance, his sagacity and prudence were constantly exercised for the best interests of the Society. I am personally under great obligations to him for the advice and assistance which he always rendered me in my duties as Treasurer of the Society.

In common with this whole community, Sir, we deplore his loss, while we are grateful that the exercise of his eminent abilities was preserved to him and to us, unimpaired, to the latest moment of his long, useful and honored life.

These resolutions were unanimously adopted. It was also voted, that a copy of the resolutions, together with the remarks of Dr. Minot, should be forwarded to the family of the deceased, and to the Boston Medical and Surgical Journal.

S. W. LANGMAID, *Sec. pro tem.*

DIED,—In West Farms, N. Y., April 8th, of double pneumonia, Dr. J. COOLIDGE STONE, 41—Harvard University, 1848; Bellevue Medical College, M.D., 1862.

Dr. Stone was a man of superior literary and scientific acquirements, urbanity of manners, amiability of temper, integrity of principle and purity of life, and his early death is felt most severely not only by a large circle of kindred and friends, but by all who enjoyed his kind and skilful attention as their "good physician." O.

GRAVES'S, OR BASEDOW'S DISEASE.—In a review of Virchow's "Lectures on Tumors" in the *Med.-Chir. Review*, we find the following:—

"The singular combination of symptoms which go to make up the disease known everywhere in Germany as 'Morbus Basedowii,' and to the honor of whose discovery both Basedow and our own Graves may fairly and independently lay claim, is fully entered into. The enlargement of the thyroid gland, the first among the trio of symptoms, is not, as a rule, so remarkable as in ordinary goitre, the most salient feature being the great size of the bloodvessels, especially the veins, and the rapid changes of size to which the gland is consequently subjected. Neither is there any one special kind of enlargement; for the gland may be simply swollen, or it may be so enlarged as to constitute a bronchocele in any of its varied phases and aspects—colloid, cystic, &c. The heart, as the second of the trio, is generally hypertrophied and dilated, especially in its left ventricle, even though the valves are healthy. Lastly, the prominence of the eyes, or exophthalmia, is pathologically accounted for in several ways—by hypertrophy of the intra-orbital fat, by dilatation of the intra-orbital veins, and by fatty degeneration of the recti muscles (v. Recklinghausen). No one of the trio can be called primary or essential, for any one may be absent; but all the three seem to be rather the common effects of one cause. The presumption that this cause is to be sought for somewhere in the nervous system becomes stronger as pathological investigation progresses; and that which was at first a clever hypothesis, that the sympathetic nerve is at the root of all the mischief, is in a fair way to be confirmed by observation as a fact. In a well marked case of the kind, recently examined at Berlin, in which hypertrophy of the heart, bronchocele, and exophthalmia were present, Virchow found 'very decided enlargement and interstitial thickening of the cervical sympathetic.' Hence, although the phenomena of exophthalmic goitre correspond in part only with what paralysis, in part with what irritation of the sympathetic might cause, it is highly probable that disease of this nerve is the cause of all the symptoms."

Drs. Fournier and Ollivier, in recent numbers of *L'Union Médicale*, report a case in which the sympathetic was perfectly normal, but in which there were some unusual and peculiar complications.

The patient, a woman, 58 years of age,

had been affected since childhood with a goitre, which gave her only occasional inconvenience, and palpitation of the heart. Six years before her death exophthalmos commenced, and the palpitation increased. Her vision was never disturbed. Within three or four years she had had, three times, exacerbation of her symptoms, continuing one or two months; violent palpitation, great dyspnoea, severe headache, strong pulsation in the neck and in the orbits, continual sensation of heat; but without increase of goitre or exophthalmos. Her flesh and strength had greatly diminished.

At the time of her entrance to the Hospital she was thin and feeble, had great dyspnoea and an appearance of suffering. The thyroid formed a tumor the size of a large apple, pulsating strongly under the hand. The carotids pulsated strongly, and there was a slight souffle on auscultation over them. The heart did not appear increased in size, though its apex was a little outside of the nipple; its impulse was strong and regular, and there was a slight souffle at the base, with the first sound. The radial pulse was small, feeble and frequent. The eyes were pushed forward, but quite movable; the pupils a little dilated, but vision good; the lids closed with some difficulty, and were partly open during sleep. She could digest only liquid food, had frequent vomiting and slight diarrhoea, and complained of vague pains in the lower limbs, and a constant feeling of heat.

Six days after entrance, sharp pain and formication in the left foot, which was discolored, insensible and cool, but not swollen. The next day pulsation could not be felt in the popliteal, posterior tibial and peroneal arteries. During the two weeks that ensued before her death, the goitre and exophthalmos continued the same; the palpitation, dyspnoea and diarrhoea increased; she had almost constant headache, anorexia, insomnia. The gangrene, always accompanied by severe pain, gradually involved the whole left leg and lower part of the thigh. Two days before death the left radial pulse ceased, and the fore arm became gangrenous, and during the last day the right foot also. Intelligence was always preserved.

Autopsy.—Nothing special in the orbits except an increased amount of cellulo-adipose tissue. Contents of cranium sufficiently healthy. The thyroid considerably increased in size, the two lobes distinct, the left one third the larger. The tissue of the left lobe was firm; the external half of the right lobe like the left, its internal half com-

pletely calcified. The thyroid arteries dilated, larynx not altered. Anterior borders of each lung emphysematous; no tubercles. The heart was a little enlarged; the mitral valves slightly, but uniformly thickened, the other valves normal. The lower part of the left brachial, and the middle and lower portion of the left femoral were plugged by firm fibrinous clots. The walls of all the arteries were healthy, the pulmonary artery and the arch of the aorta only being a little dilated. The cervical, thoracic and semilunar ganglia of the sympathetic and its filaments were, examined with the eye and the microscope, entirely normal; the connective tissue was not thickened.

These gentlemen state that they have been able to learn of but one other case of this disease accompanied by gangrene,* and in that case the gangrene was preceded by anasarca and erysipelas. Still, from the multiplicity of the gangrenous phenomena, and the fact that no lesion could be discovered to account for the formation of embolia, they are led to believe that the gangrene was dependent on the disease and not an accidental accompaniment; and from the absolute integrity of the great sympathetic in this case they draw the conclusion that, if that nerve is involved in this disease, it may be simply functionally involved.

ANATOMICAL MUSEUMS.—We must direct attention to a powerfully written article in our contemporary, the *Tomahawk*, on a matter which is simply an outrage on decency and a disgrace to our legislation. We need not add that we refer to the so called "museums" exhibiting loathsome objects, set off with high colors and other artistic exaggerations, which can have no other effect than that of instilling fears in the mind of the observer, and most probably at the expense of his pocket. We hope the attack of our contemporary may attract as much attention as have his very original and powerful series of sketches embodying the vices, crimes, and social and political immoralities and anomalies of the present day. We have repeatedly directed attention to the scandal. The combined power of the press is only needed to crush the evil effectually, by compelling our legislators to interfere. If the *Tomahawk* succeed in cutting away this foul blot from society, it will prove a more effective weapon than the *Lancet* in this matter, and will deserve the hearty thanks of every right-minded individual.—*Lancet*.

* Stokes, Diseases of the Heart and Aorta.

A NEW FORM OF CYSTITIS.—Dr. Heller, in charge of the Pathological Chemical Laboratory of the Imperial General Hospital in Vienna, made the following communication before the Society of Physicians of that city: In cases of vesico-rectal fistula it not unfrequently happens that as, on the one hand, the urine flows into the rectum, giving rise to liquid stools; so on the other, fecal matter finds its way into the bladder, and is found in the urine discharged. It has, however, escaped the observation of the profession up to this time that a form of cystitis exists, in which, with a completely closed bladder, fecal matter shows itself in the urine. Heller has observed twenty cases, partly in hospital, partly in private practice, where investigation showed fecal matter in the urine during life, and an autopsy discovered a normally closed bladder. According to his experience this form of cystitis occurs in certain inflammatory affections of the brain and spinal cord. The presence of fecal matter in the urine will be apparent on treating it with concentrated sulphuric acid. An intense fecal odor will thus be developed. He succeeded in these cases in separating the fecal matter from the urine by the processes of distillation and filtering. According to Dr. Heller's observation, this urine, in comparison with that of other forms of cystitis, is less viscid and contains but little mucus or sediment. In all cases where such a cystitis (which he would call *cystitis fœculenta*) occurred, the prognosis was very bad and death soon supervened.—*Allgemeine Wiener Zeitung*.

BOSTON MEDICAL ASSOCIATION.—It is proposed to offer at the Annual Meeting in May the following amendments to the Rules and Regulations.

To substitute for Article Sixth the following words: "VI. No member of this Association shall consult with, or in any way aid or abet, an irregular practitioner." In Article Nineteenth, to substitute for the words "semi-annually * * * * July" the following: "quarterly, on the first days of January, April, July and October." It is hoped that these suggestions will commend themselves to the approval of members.

The new General Hospital for the Insane at Middletown, Conn., has progressed so far toward completion, that it is ready to receive a limited number of male patients.

Dr. Robley Dunglison, for many years Professor of Physiology in the Jefferson Medical College, Philadelphia, has just resigned his position.

Selections and Medical Items.

ELECTRICITY IN POISONING BY OPIUM.—The *Annales de l'Electricité* calls attention to the value of this agent in opium-poisoning. It narrates four cases where it was successfully employed when the patient was in *extremis*, and when all the usual means, vomiting, stomach-pump, coffee, tannin, &c. (belladonna not mentioned), had been tried, and had failed. One pole was placed at the nape of the neck, and the other in the perinæum, and in a quarter of an hour the improvement was such that the patient was out of danger.—*Richmond Medical Journal*.

IN concluding a memoir on Acupressure in the *Wiener Medizin Wochenschrift*, Professor Billroth, of Vienna, says that, so far as he can judge from his own experience, acupressure is destined to supersede the ligature in most cases; that it has certain marked advantages over the latter, especially in allowing the healing of large wounds by first intention. He says further that, while he has not met with any instance in which an amputation-wound has so thoroughly healed by the first intention that not a drop of pus has escaped, cases of the kind have been related by men so trustworthy that it is impossible to doubt the possibility of their occurrence.—*N. Y. Medical Gazette*.

DELIRIUM TREMENS TREATED WITH CANNABIS INDICA.—Dr. Bedoe, Physician to the Bristol Royal Infirmary, advises, in the treatment of *mania-a-potu*, the employment of the cannabis Indica. He usually begins with a grain of good extract or twenty minims of the tincture; waits from four to six hours, and then, if the patient be awake, gives a double dose. If this also prove fruitless, six hours later he gives three or even four grains; then allows six or eight hours to pass, and, if necessary, tries a yet larger dose. Longer intervals are obviously needful for extract than for tincture. In one case, Dr. B. gave as much as six grains before the patient began to sleep. Along with the remedy he is accustomed to give as much soup, milk, and other digestible food as the patient's stomach will bear, and says that cannabis does not injure the appetite as does opium. He rarely gives alcoholic stimulants, unless the pulse gives unmistakable evidence of its propriety.—*New York Medical Record*.

M. VOISIN, applying the sphygmograph to epileptics after attacks, finds that the cardiac impulse is enormous, and that neither violent exercise nor a vapor-bath give so strong a line ascent. A malingering might thus be detected, as a simulated attack could never produce such a tracing. This observation needs to be confirmed, and to be interpreted with caution.—*Med. & Surg. Reporter*.

MICROPHYTES AND MICROZOA.—Among the researches brought before the Academy of Sciences of Paris, a series of the highest interest, undertaken by M. Lemaire, should be mentioned. This ingenious investigator has found, by carefully conducted experiments in barracks, the open air, and upon people in good health, that upon

the body, or from its emanations, microscopic beings may be collected, the existence of which will considerably assist those who study parasites. The microscopic world bids fair, if further experiments verify those of M. Lemaire, to play a very important part in the elucidation of the genesis of diseases.—*London Lancet*.

M. BROCA has communicated to the French Academy of Sciences an important paper on Odonotomata—tumors constituted by the hypergenesis of the temporary or permanent dental tissue.

THE Legislature of Wisconsin, at the instance of Dr. D. C. Davies, of Portage City, has passed a liberal law legalizing dissections. Also, to prohibit quacks from giving testimony in court on medical matters, and from collecting fees. Other stringent legislation, at our last advices, was contemplated.—*Chicago Medical Journal*.

DR. JAMES R. WOOD has been elected "Emeritus Professor of Surgery" in Bellevue Hospital Medical College, and not of "Clinical Surgery," as stated by us last week.

MEDICAL DIARY OF THE WEEK.

MONDAY, 9, A.M., Massachusetts General Hospital, Med. Clinic; 10, A.M., Medical Lecture. 9, A.M., City Hospital, Ophthalmic Clinic.

TUESDAY, 9, A.M., City Hospital, Medical Clinic; 10, A.M., Medical Lecture. 9 to 11, A.M., Boston Dispensary. 10-11, A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, 10 A.M., Massachusetts General Hospital, Surgical Visit. 11 A.M., OPERATIONS.

THURSDAY, 11 A.M., Massachusetts General Hospital, Clinical Surgical Lecture.

FRIDAY, 9, A.M., City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., OPERATIONS. 9 to 11, A.M., Boston Dispensary.

SATURDAY, 10, A.M., Massachusetts General Hospital, Surgical Visit; 11, A.M., OPERATIONS.

A Bulletin of Expected Operations, in both the Hospitals, will be found, weekly, at the office of the Boston Medical and Surgical Journal, and at Messrs. Codman & Shurtleff's, 13 and 15 Tremont Street.

TO CORRESPONDENTS.—Communications accepted:—On Hemecrania.—On the Solubility of False Membrane. O.G.'s remittance from abroad received.

BOOKS AND PAMPHLETS RECEIVED.—Twenty-fifth Registration Report of Massachusetts, for 1866.—The Endoscope, and its Adaptation to the Diagnosis and Treatment of Affections of the Genito-Urinary Passages. By A. J. Desormeaux, Paris. Translated by R. P. Hunt, M.D., Chicago.—First Annual Report of the Clarke Institution for Deaf Mutes, at Northampton, Mass., for the year 1867.

DEATHS IN BOSTON for the week ending Saturday noon, April 25th, 102. Males, 54—Females, 48.—Accident, 4—anaemia, 1—aneurism, 1—apoplexy, 1—asthma, 1—disease of the brain, 3—inflammation of the brain, 2—cancer, 3—consumption, 16—convulsions, 1—croup, 2—diarrhoea, 1—diphtheria, 1—dropsy, 2—dropsy of the brain, 1—drowned, 1—epilepsy, 1—erysipelas, 1—scarlet fever, 5—typhoid fever, 2—hernia, 1—infantile disease, 3—intemperance, 1—intussusception, 1—disease of the kidneys, 4—disease of the liver, 2—inflammation of the lungs, 15—measles, 1—old age, 5—paralysis, 1—pleurisy, 1—premature birth, 1—puerperal disease, 1—scalded, 1—scrofula, 1—smallpox, 1—suicide, 1—syphilis, 1—teething, 1—tumor, 1—unknown, 8.

Under 5 years of age, 30—between 5 and 20 years, 18—between 20 and 40 years, 22—between 40 and 60 years, 12—above 60 years, 20. Born in the United States, 69—Ireland, 22—other places, 11.

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May 19, 1867.

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From DR. SCHAEFFER, Allegheny, Pa.

(Second Letter.)

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From DR. SCHWETENDIECK.

(Formerly Prussian Military Physician, now at Temperanceville.)

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Original Communications.

THREE CASES OF PERINEPHRITIC ABSCESS COMPLICATED WITH PULMONARY AND PLEURITIC DISEASE. INCISIONS INTO RENAL REGION. RECOVERY.

Read before the Boston Society for Medical Observation, May 4th, 1868, by HENRY I. BOWDITCH, M.D.

CASE I.—Dr. —, of W., Mass., aged 27, had served as surgeon during the rebellion, and had been weakened by his labors. After the close of the war, he resumed business at W. He rose rapidly into an extensive practice, during which he made many and long drives, and became evidently exhausted by them. He continued, however, as he thought, in good health up to within three weeks of his acute attack.

One day, during the first week in May, 1866, he returned from his visits rather more fatigued than usual, but as a matter of relaxation, went to his garden and planted some vines. Whilst digging for this purpose, he suddenly felt a pain take him in the right lumbar region, about the crest of the ilium and parts adjacent. This gradually extended in a few days down outside of the trochanter and leg to the calf. This was not constant, but at times he was wholly free from it. He kept at his business for a few days, but steadily growing worse. Finally, he took to his bed, owing to the severity of all his symptoms.

I saw him May 12th. He had then begun to have regular fever, pain and sweating at night. On examination, I found that he had had some lameness in flexing the thigh from the moment of the strain. This had increased so much that, at the time of my visit, he was obliged to lie on the back, with the thigh partly flexed, the pain of extension being too severe to allow of its being made. His face was pale, thin and indicative of suffering. His pulse was 92; his skin rather warm. His appetite was gone. No indigestion, no decided constipation. Occasionally, the pain had seemed increased when the bowels were not open-

ed, and at other times the abdomen had been a little tense, but he had never had any great distention or tenderness. He had had no cephalic or thoracic symptoms. His nights had been restless, owing to pains, &c., and for that he had used opiates and bromide of potassium, with relief. On examination, I found a deep-seated, rounded, doughy, but not fluctuating swelling and some tenderness between the crest of the ilium and false ribs. This swelling was felt in front in the cœcal region, and also in the lumbar region of the same side, and it was easily grasped between the two hands, one placed in the cœcal, the other in the renal region. As his bowels had been easily kept open by enemata, and the urine was not altered; as he had had pain and lameness in moving the thigh; as the trouble had come on while digging, and therefore while using the muscles connected with the back and thigh; as at my visit he could not extend his thigh, and as he had repeated chills and fever, I thought it probable that a local abscess was forming, or had really formed, in or about the psoas muscles. This abscess, in case the bowels were not regularly opened, pressed at times on the colon, and caused the local distention named above, and flatulence, &c., easily relieved by simple enemata.

I advised, therefore, that a surgeon should be summoned with reference to the question of opening the abscess, deep seated though it was. This advice was followed, but as a doubt was expressed as to the accuracy of my diagnosis and surgical interference declined, I was requested to see him at least every week and prescribe for him. Previously to summoning the surgeon, I had advised the application of three good leeches to the loins, and the use afterwards of a solution of iodine (℥ss.) in sulphuric ether (℥i.) as an external irritant.

A week afterwards, May 18th, I saw him again. He was evidently much worse, and had more suffering. The leeches, instead of relieving, had rather caused increase of pain, owing to the constrained position needed during their application. The pain had been more violent, not constant,

or four days. The movements must necessarily be passive ; that is, by the hands of another than the patient, in most instances, because the patient will have no disposition, and perhaps no ability, to move it himself. This should be quite gentle at first ; but, when the period which fixes the situation of the bone approaches, these movements must be as free as they are intended and expected to be ever after. This was formerly attended with great suffering to the patient ; but now, happily, this suffering is prevented by the use of ether. The excuse, therefore, which surgeons formerly made for themselves, and also assigned to the patient and friends, is no longer valid. The danger of causing serious inflammation, also, by disturbing the bone at an early period, cannot be considerable. It certainly cannot be so great as that I have frequently incurred, without bad consequences, in the rupture of the anchylosing parts. This practice I have pursued in a great number of instances of fracture of the condyle, before ether was introduced, and in a still greater proportion since. The same practice I have also employed in false ankylosis of other joints, and always without any bad consequences. Certainly I should not recommend the separation of anchylosed bones by machinery, as has been done ; but I would use on the arm of the young subject no greater force than I could myself apply by using the forearm of the patient as a lever, while the upper arm was firmly supported by another person. In many of these cases, the tendency to union between the opposed surfaces of the articulation is so very great, that much patience on the part of the surgeon is required to counteract it. Some years ago, a patient came to me from New Orleans for the treatment of an anchylosed elbow from fracture of the internal condyle, which had taken place five and a half months before. I succeeded in breaking the adhesions ; but they were regenerated in a very short time. I then operated more frequently ; but there was a difficulty in doing this, on account of the inflammation produced by the preceding operation ; so that a year of painful movements was required to establish a moderate degree of motion of the forearm. If ether had been in use at the time, we should have been able to save the patient a great deal of suffering, and probably some time.

"When the fractured piece is quite prominent, it might be expedient to remove it. This I actually practised in one case, without any unpleasant results ; for the wound

healed perfectly well and without disturbing the articulation. What was the ultimate condition of the joint, I am unable to say ; as, after the wound was healed, I lost sight of the patient and have never heard of him since. In a case of perfect bony ankylosis, a new articulation might be formed very easily by sawing through the bone, from behind, immediately above the olecranon process. This I have offered to do in one or two cases ; but my offers have not been favorably received."

NORFOLK.

THE ACUTE INFLAMMATION OF THE MEMBRANOUS LABYRINTH, USUALLY ERRONEOUSLY TAKEN FOR MENINGITIS.

By Dr. VOLTOLINI.

Translated from the Monatschrift für Ohrenheilkunde, Nov., 1867, by J. ORNE GREEN, M.D., Boston.

WHEN I here undertake to describe a disease which, to the best of my knowledge, to the present time is perfectly unknown and yet one of the most dreaded diseases, not only of the greatest importance to the aurist, but also to every practitioner, I must in the beginning remark that my diagnosis has not been confirmed by *post-mortem* examinations. Still, I think that a diagnosis can be made with certainty from the symptoms alone.

The disease occurs, almost without exception, in children from the earliest age up to puberty ; adults are seldom attacked. It ends, with few exceptions, in absolute deafness, and therefore those children who were not yet able to speak remain deaf-mutes, while those who could already talk become so if they have not passed the seventh to ninth year. There is, then, reason enough that all physicians should give their attention to this disease.

The disease is so frequent that, for instance, merely in the year 1867, from the 1st of January to the end of July, it has come seventeen times under my observation, viz. :—two children of 2, four each of 3 and 4, one of 5, three of 6, two of 7, and one of 12 years of age. Of these seventeen children, who came to me with complete deafness a long time after the acute disease, only the girl of 12 years of age spoke fluently ; the others were deaf-mutes, or spoke only "papa" or "mamma." With regard to the two children of 7 years of age, notes are wanting ; of the three of 6 years, one only spoke the above words, while the others had become deaf-mute. From these sketches alone, it is evident

that we have to deal with a destruction of the labyrinth, for no injury of any one part of the ear produces absolute deafness: the meatus can be obliterated from the entrance as far as the membrane of the tympanum, even from birth; the membrane entirely destroyed, the hammer and anvil wanting, the basis of the stapes can be ankylosed so as to close the foramen ovale like a wall, and yet the patient hears, i. e., understands language, even tolerably well; only when the peculiar seat of the sense of hearing—the auditory nerve—is destroyed, does absolute deafness appear. By this, however, is to be understood not that the patient hears absolutely nothing, but only that he no longer understands language and words, for there is hardly a deaf-mute who would be deaf to all sounds; the hearing of a few sounds, however, is of no value—he remains dead to conversation. In judging of the hearing power in our disease, it is well to notice this condition, and not to deceive ourselves because the patient appreciates this or that sound.

If, then, there is no doubt that the labyrinth is destroyed in this disease—absolute deafness might certainly happen from a destruction of the nerve beyond the labyrinth in the brain, but this is improbable, as we shall see—the only question which arises is, whether the destruction of the labyrinth is not a secondary affection, originating in a transmission of the meningitis to the labyrinth along the course of the folds of the dura mater which enter the ear; this we must also discuss.

The symptoms of the disease are the following:—it attacks the children usually quite suddenly, without known cause, and, as it appears, at every age. Violent brain-symptoms show themselves immediately; if the children still possess consciousness, they grasp toward the head; as a rule, however, they soon lose consciousness, rave madly under a heavy fever, bore backwards with the head into the bed, while the rest of the body is stiff, or slightly paralytic symptoms appear in the extremities; I have never, however, observed lasting paralyzes. Sometimes very severe and continuous vomiting, rolling of the eyes, or staring, show themselves. The disease comes on so suddenly, that sometimes, in the space of twelve hours, perfectly healthy children lie as though dead, according to the parents, from cold and vomiting. In some cases the disease shows an intermittent character, and is then also taken for intermittent fever. Thus, the father of a six-year-old boy, a physician from Austrian

Silesia, told me that the boy went to church on Advent Sunday perfectly well, from there came home, was taken sick and vomited in the evening; the vomiting continued through the night, but the next day the boy was lively. Tuesday, the vomiting came on again; he became delirious, hot, rested uneasily, and threw himself constantly here and there, vomiting continuously. So the disease continued for a long time with this intermittent character.

By such marked brain-symptoms the physician does not hesitate for a moment in considering the affection as meningitis, takes the field with all the antiphlogistic remedies, and congratulates himself on a brilliant cure; frequently after from three to eight days, seldom after a longer time, the child becomes conscious, all the violent symptoms disappear, it recovers itself rapidly, and becomes apparently again healthy, only showing for a long time yet a staggering gait. The parents congratulate themselves on the rapid and brilliant cure; but the bad news comes later, and many parents wish then that the child had rather died from the disease, inasmuch as it soon becomes evident to them that it hears no more. The speech becomes more and more indistinct, and after a longer or shorter time is lost entirely; the child is now otherwise healthy, but deaf-mute. Usually, the power of hearing is destroyed at the height of the disease; the parents suspect it, and call the attention of the physician to the fact. He, however, is unwilling to believe that a new enemy lurks in the background of his brilliant cure, and assures the parents that the power of hearing will return, as is so often the case in typhus, where one can with certainty give this assurance. The entire power of hearing is not always suddenly destroyed, but in some cases gradually; and in such cases it is characteristic that the children themselves complain of subjective symptoms. They hear music, and call the attention of those about them to it; these do not mistrust the dangerous enemy, and the thing is merely painful to them, till finally some day they become convinced that the child hears nothing more.

What authorizes us now to consider this disease meningitis, or meningitis cerebrospinalis, transmitted to the ear, or forming exudation on the auditory nerves, as is usually received? Brain-symptoms appear in many diseases of children, very marked in mere inflammation of the middle ear, otitis media (usually erroneously called otitis interna), and therefore this disease is also

often taken for meningitis, till, after a longer or shorter time, with the bursting of the tympanum and the pouring out of a slimy, purulent secretion, the physician becomes conscious that he has to deal with no meningitis, but with an otitis. Certainly, this otitis can pass over to the brain and its coverings, and then the diagnosis is more obscure; so, also, our disease, the proper otitis interna, can pass over to the brain and its tissues. The brain-symptoms in the latter disease, however, can be very well explained by the affection of the labyrinth. A staggering gait is a constant symptom in injury of the semicircular canals, as physiological experiments have proved; indeed, vomiting itself is a symptom of injury of the labyrinth, as Czermak has lately shown by experiments. Sometimes, in insignificant ear-affections, dizziness and a staggering gait are observed, occasionally so severe that adult patients fall down—as, for instance, in collections of cerumen; in short, in affections of the outer meatus.

What most decidedly controverts meningitis with exudation in the auditory nerves is the want of all paralytic symptoms, particularly in the parts supplied by the facialis; I have never observed even a sign of paralysis of the facialis, and how would that be possible with an exudation in the auditory nerves? it is simply inconceivable. In the nervous centre, i. e., in the medulla oblongata, the root of the acusticus lies close to the root of the facialis; soon after passing out they lie upon each other, on which account the portio intermedia Wrisbergii of the facialis was formerly described as the portio dura of the acusticus; in their further course, the facialis lies in a depression of the acusticus, and the two nerves appear to make only one, and were formerly so described as the seventh pair; in the meatus internus, the facialis again unites with the acusticus. How would it, then, be possible, with these anatomical relations of the two nerves, to think that an exudation would always involve only the acusticus? But in the labyrinth no fibres of the facialis are to be found; here the acusticus alone reigns, and its destruction at this point remains without influence on the facialis. The examination of the meatus also favors an affection of the labyrinth, for the whole outer ear, together with the membrana tympani, is found healthy; the middle ear must also be free from the disease, at least partly, because no changes on the membrane are to be appreciated, and again because catheterization, which in some cases I have continued

for weeks, has no influence on the hearing power—only in one case an improvement seemed to follow.

Many pathologists, following Andral (*Die specielle Pathologie*), consider that the delirium in meningitis must be always continuous, and that an intermittent delirium is dependent on a sympathetic, irritable condition of the brain. The intermissions in the cases above given seem to confirm this view.

What does the literature say now with regard to our disease? We shall cite only one of the most recent writers, who has likewise observed the disease, but gives it another explanation, since he describes it simply as meningitis cerebro-spinalis, and, besides this, particularly as the Menière disease. Moos (*Klinik der Ohrenkrankheiten*) mentions thirteen cases of a disease which is no other than the one described by us. All the children were completely deaf, but otherwise healthy, except two—one with strabismus and the other with choroiditis; only seven of them showed a staggering gait; the ear itself showed, in examination, nothing to explain the deafness. I have as yet had no meningitis cerebro-spinalis under observation, but if, as Moos considers, the described deafness follows meningitis cerebro-spinalis, I would deny completely the latter disease and consider it only an acute inflammation of the labyrinth. It is utterly impossible, in our disease, to think of a usual meningitis. The inflammation of the dura mater (pachymeningitis) chiefly follows only traumatic lesions (Hasse, in *Virchow's Pathologie et Therapie*, vol. iv. p. 438). Much has been written and disputed of late years about the inflammation of the arachnoid and pia mater, whether each of these can take place by itself, whether they are only tubercular meningitis, &c.; but all observers, both old and recent, Andral, Schönbein, Canstett, Rilliet and Barthez, Hasse, &c., are agreed that the issue of the inflammation of these tissues is fatal; in our disease, however, the issue is, for the most part, favorable, i. e., the children are in other respects perfectly healthy, only deaf. In meningitis cerebro-spinalis the issue is generally death; as Hasse says:—"The mortality is great, on an average somewhat more than half of those affected die, in some epidemics two thirds, seldom fewer." I confess I have never had experience from an epidemic of the disease; least of all could a meningitis run such a rapid, relatively favorable course.

Menière appears to have come nearest the truth; he described cases which agree

with ours, in 1861, in the *Gaz. Méd. de Paris*, but says with regard to them :—"It is very probable that the material changes causing these functional disturbances have their seat in the semicircular canals." This view is certainly decidedly wrong, for disease, viz., exudation, &c., in the semicircular canals cannot produce absolute deafness. These canals are apparently only an acoustic apparatus; as yet no nerves have been found in the membranous canals, only in the ampullæ; were these, however, destroyed, the saccus sphericus, saccus ellipticus and the cochlea still remain to exercise their functions.

Absolute deafness does not ensue in all cases; in some, a slight hearing power remains in the one or the other ear, so that the children later learn to speak a little, and understand language by shouting into the ear. With reference to the prognosis, it is certainly difficult to predict this fortunate result in each case, for with such children it is difficult to find out the power of hearing. If the children are over six years old, they are generally intelligent enough to allow the hearing power to be determined; with younger children this is very difficult, and in such cases one has only a certain determining point in their speech. If, with younger children, months or more have passed since the beginning of the disease, and they say at least "papa" or "mamma," the conclusion can be drawn with certainty that they hear somewhat, and if later no material improvement in the hearing organ shall take place, still the assurance can be given to the friends that the child will learn to speak when the mind comes to the help of the ear.*

With regard to the treatment of this disease, Moos has seen no result from the use of either baths, iodide of potassium or electricity in the deafness after supposed meningitis. I myself have observed no real result either from the above-named remedies, continued for a long time, or from catheterization, also tried for a long time. In only one case has a decided improvement shown itself, so that the boy learned to speak, and could understand if one addressed him loudly close to the ear, or through an ear-trumpet. From the formidableness of this disease, I consider it desirable to describe this case more minutely. Julius F., from Landsberg, when two months old, had what was supposed to be

* The words papa and mamma are so exceedingly simple, being formed entirely by the lips, that it is very doubtful if they are any test of the hearing power. Imitation of the motion of the lips would produce them.—TRANSLATOR.

inflammation of the brain; when nine months old, the measles. The child was completely deaf, and when he was two or three years old, the parents took him to Dr. Ebert, in Berlin, who ordered unguent. tart. stibiati on the abraded crown of the head, and this spot was kept in suppuration for six months. The boy, who up to this time had not spoken a word, began gradually to speak single words. When he was 9 years old, the parents brought him to me. Nothing abnormal was to be seen on examination; he spoke many words, but no connected sentences. Through the ear-trumpet, he understood language quite well, and repeated most of the words. The parents wished my advice chiefly as to whether they should send him to a deaf-mute asylum, in order that he might receive scientific instruction. I advised them not to do this, as I expressed the hope that the boy would hear still better, and would learn to speak; I recommended particularly that they should instruct him in speaking with an ear-trumpet. Nine months after, the father wrote, thanking me particularly that I had dissuaded them from the deaf-mute institute, and had recommended diligent speaking exercises. He says :—"I have devoted myself daily, at first for a short time but now for a quarter of an hour, to speaking in his ear, even without a speaking-tube, at first words and then short sentences, after he has read them himself once beforehand; with few exceptions, he pronounces them correctly after me. The right ear was perfectly deaf, according to our and your own opinion; yet some three months ago, I noticed that he appeared to hear in this also, and on trial I found it was so, only it was necessary to speak louder. He often requests that this ear be syringed, because, apparently, it seems to him that there is something in it, which goes to show that he hears better in the other one. Familiar words and sentences, as 'bring me a glass of water,' &c., it is only necessary to speak in his ear and he understands them without any signs, as we have given these up almost entirely. Had it not been for your advice, perhaps the boy, even now, would have understood nothing except by signs."

I have since then repeatedly used embrocations of irritating salves, but the experiments are as yet too recent for me to be able to report results.

One might finally ask if it would not be a singular occurrence for both labyrinths to be attacked suddenly by a grave disease? It would not, however, be less wonderful

if a child should be suddenly attacked from a meningitis; what is particularly, however, to be noticed is, that this disease seldom occurs in adults, and there remains nothing but to consider that the labyrinth of children is particularly sensitive to grave diseases. There is here some resemblance to the liability of the child's larynx to severe disease. The primary croup is almost without exception a disease of childhood, and in its kind as dangerous as the above-described labyrinth-affection. Schönbein reckoned croup, as is known, among the neuritic affections, and the older physicians named diseases of this nature inflammations toxicæ, and also neuro-paralytic inflammations: according to their views we should also have to consider our labyrinth-affection among such inflammations.

It would be of great value if one could subject the organ of hearing of such children to a minute examination when they died of any other disease. My colleagues would greatly oblige me if they could send me for examination one or both ears of such deaf-mute children. In such case, I would only recommend that the organ be removed as soon as possible *post-mortem*, and be laid in a solution of chromic acid (gr. x. ad ℥i.), which must, however, be renewed daily. Gradually, the solution of chromic acid can be made weaker, but if a weak solution is taken at first, say a few grains to the ounce, the preparation decomposes easily, because it contains so much natural moisture that the solution is made thinner.

PROFESSORS BEHIER AND BROCA.—We understand that these two distinguished Professors of the Faculty of Medicine of Paris will shortly visit this country for the purpose of attending the meetings of the British Association for the Advancement of Science, which will be held in Norwich next August. Dr. Béhier will read a paper on the "Administration of Alcohol in Acute Disease," illustrated by sphymographic and thermometric observations. Dr. Broca will have an opportunity of defending his theory as to the localization of speech, as the subject will be introduced for discussion by Dr. Hughlings Jackson, who will read a paper on the "Physiology of Language." The easy access to Norwich from London and from the continent, the peculiar geological and archæological features of the district, and a variety of other circumstances, are likely to combine to render the Norwich meeting one of the most brilliant and successful in the annals of the British Association.—*Med. Times and Gazette.*

Hospital Reports.

BOSTON CITY HOSPITAL.

Notes of Operations for the Month of April, 1868. Reported by F. W. DRAPEL, House-Surgeon.

CASE VII.—*Compound and Comminuted Fracture of Femur; Amputation.* (Service of Dr. F. C. ROPES.)—F. B., aged 9. In attempting to get on board a Chelsea ferry-boat before it reached the "drop," the left leg of the patient (a boy) was caught between the boat and the "drop." The femur was fractured obliquely at the junction of the middle and lower thirds; the upper fragment was completely stripped and laid bare to the extent of four inches, the soft parts were lacerated and disintegrated all the way from the knee to the upper third of the thigh. It was impossible to estimate the amount of blood lost.

An immediate amputation was decided upon. It was performed two hours after the accident; the circular method was used, and the bone sawed three inches below the great trochanter.

The operation was performed at 8, P.M.; the patient rallied but imperfectly, and died at 4 o'clock the next morning, eight hours after.

CASE VIII.—*Amputation of Toe.* (Service of Dr. F. C. ROPES.)—J. B., aged 35. Second and part of first phalanx of great toe of right foot amputated on account of frost-bite; edges of flap brought together with sutures, and patient discharged well at the end of a fortnight.

CASE IX.—*Dislocation of Head of Humerus into the Axilla.*—J. R., aged 25, hostler. Patient was thrown from a horse, striking his left shoulder against the curbstone. When brought into the hospital, the head of the humerus could be easily felt in the axilla; there was the usual flatness over the deltoid muscle, and inability to bring the elbow to the side. The patient was put under ether, and the dislocation readily reduced, by the House-Officer, by depressing the shoulder with the foot, at the same time raising and extending the arm.

CASE X.—*Amputation of Thumb.*—House-Officer.

CASE XI.—*Ligature of Varicose Veins.* (Service of Dr. F. C. ROPES.)—J. R., aged 25, hostler. Large knots and convolutions of veins observed upon inside of patient's left leg, both above and below the knee. Operated upon by means of ligatures passed beneath the veins in two places, and tied across pieces of bougie placed upon the outside.

CASE XII.—*Amputation of Thigh.* (Service of Dr. F. C. Ropes.)—J. M., aged 35, shoemaker. Patient under the charge of Dr. Thorndike until April 1st. Whilst walking on the sidewalk, on the 14th of February last, patient slipped and fell on the right leg, bending it under him and breaking both bones. The tibia was broken obliquely downwards and outwards from the axis of the leg at lower part of middle third; the fibula was broken about three inches higher up in the upper third. The lower end of upper fragment of tibia had nearly pushed through the skin, and there was a scratch through the skin at the place, but no connection with the bone from the outside; considerable bruising from ankle to knee. The record from this point continues as follows:—

Feb. 14th.—Fracture-box and hot fomentations.

16th.—Skin very tense from knee downwards. Three blisters over fracture. Very little pain.

18th.—Swelling fully as severe. Blisters and fomentations continued. Fragments in good position.

23d.—Fragments in good position. Swelling nearly disappeared. Blisters healing. Omit fomentations.

27th.—Erythematous blush three quarter inch from wound in all directions. Swelling about wound. No communication with bone has yet been found. Tenderness in groin over long saphena; chill last night; appetite poor; tongue dry and furred; some pain in leg. Extra diet; ale. *R.* Quin. sulph. gr. ij. t. d.

28th.—Leg more swollen; discharge thin and brownish, and not very free.

29th.—Discharge pent up; opening over fracture enlarged, and incision made over outer aspect of leg; two to three ounces of dirty pus discharged. Considerable swelling above the fracture; fragments denuded a short distance. Has been chilly to-day, yet there has been no well-marked chill; tongue dry and a little brownish; pulse 106, fair; appetite fair, though not so good as a few days since. Nourishing diet. Carbolic acid wash to openings in leg.

March 1st.—Leg more swollen and inflamed, both above and below the knee; tenderness in groin increased; no appetite; pulse 100, fair; no sweats nor chill. Position of fragments good. Poultice.

3d.—General appearance better. Tongue moist and slightly furred; bowels constipated; sleeps fairly without an opiate. Discharge from leg free; less swelling.

12th.—Swelling decreasing; discharge

free. Ends of fragments are necrosed, and there is no attempt at union. Bowels regular.

15th.—Appetite poor. Pus burrowing among the muscles of calf. All the discharge comes from the two apertures on top of the leg at the seat of fracture.

16th.—Tongue dryish and gray; bowels constipated. Takes stimulants freely, but does not care for anything else. Counter-opening made in calf.

19th.—The counter-opening re-opened. Condition about the same.

21st.—Suppuration in leg increasing. Skin perforated by ulcerations over end of fragments, but not by pressure. Discharge pretty free. Patient has a diarrhoea, which is getting to be troublesome. *R.* Amyli mucil., $\mathfrak{z}$ ij.; tinct. opii, $\mathfrak{z}$ i. Ft. enema bis die.

23d.—Diarrhoea continued. Brandy as stimulus. *R.* Tinct. opii, tinct. catechu, tinct. cinnamom. aa m xx. 4 t. d.

28th.—Some burrowing of pus below the calf; small incision made in posterior surface of leg at middle third. Appetite poor; tongue dry and furred; pulse 96 and weak; does not sweat much; less pain at stools; three or four dejections daily, of a uniform brownish color.

April 2d.—Pulse 104; tongue dry and furred; appetite fair; free discharge from leg; necrosed bone not loose. Advised to an amputation, but will not entertain the idea.

6th.—Pulse 116, rather feeble.

7th.—Pulse 115; tongue moist. Four to six dejections daily. Sinapism over abdomen at night. Arrowroot, made with milk, ordered for breakfast and tea.

9th.—Pulse 130, feeble. Four dejections during last twenty-four hours.

13th.—Two or three dejections daily. The patient is rather stronger; appetite better.

15th.—Diarrhoea better—only two dejections since yesterday. Pulse 120. Patient is unwilling to have leg removed.

21st.—Diarrhoea has been much worse for last few days; general condition of patient less favorable. Patient etherized, and freer openings made in leg to permit the discharge of pus.

22d.—Patient consents to amputation of leg, being advised to that course by the attending surgeon and others consulted upon the point. Brandy increased to ten ounces per diem. Former medicine omitted. *R.* Cardamom. tinct. comp., cinnamom. tinct., aa ij . M. $\mathfrak{z}$ ij. t. d.

23d.—Diarrhoea very obstinate; six or

seven discharges during the night past. Pill of opium and camphor—one grain of the former to two of the latter—exhibited twice daily; mustard plaster to small of back. Pulse 110. An examination shows considerable albumen in the urine.

24th.—Leg amputated to-day by Dr. Ropes, just above the knee, the circular method being used. The femoral vein tied; very little blood lost. Stump dressed with ward solution of carbolic acid. Patient's strength supported by injections of beef-tea and brandy.

4, P.M.—Pulse 140, quite small.

25th.—Pulse 150, weak; several discharges from the bowels during the night. Tannic acid, in two-grain powders, ordered twice a day. Stomach easily nauseated. Most of patient's nourishment given by the rectum; several ounces of beef-essence taken by mouth in evening. Compress removed; stump looking very well.

26th.—Stronger to-day; pulse 120, and better. Diarrhœa very troublesome; five or six very offensive discharges since yesterday. Omit tannic acid. *R. Sol. ferri perchlor., ʒss.; aquæ, ʒij. M. Sum. ʒi. ter in die c. aquæ.* Starch and laudanum injection at night. Chews beefsteak, takes beef-essence and considerable stimulus.

28th.—Little stronger than at last record; pulse 110, fair. Same treatment. Egg-nogg, beef-essence, brandy. Diarrhœa pertinacious and offensive. Stump looking well.

30th.—Failing somewhat; pulse more rapid and weaker.

May 2d.—Very weak; pulse rapid and thready. Diarrhœa still less under control. Was delirious during the night, and is only rational at times to-day.

3d.—Has continued to sink since yesterday, and died this morning at one o'clock.

A PIN IN THE LIVER.—An inquest has lately been held by Dr. Lankester on the body of a child who died during an epileptic fit, which was attributed by the surgeon who made the *post-mortem* examination to the presence of a pin, which had transfixed the coats of the stomach and entered the liver. The head of the pin was still in the stomach; the liver was adherent. The child had been ailing for a year and a half, had been subject to convulsions, and had complained of pain in the stomach and right side. The pin was said to have been swallowed about two years before.—*Medical Times and Gazette.*

Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.
CHARLES D. HOMANS, M.D., SECRETARY.

MARCH 9th.—*A large Cancerous Mass arising from the Subperitoneal Tissue, between the Kidney and Liver, simulating Cancer of the latter; Disease of right Kidney.*—The specimen, shown by Dr. ELLIS, was taken from a negro man, 62 years of age, whose general health had been good until the commencement of the abdominal trouble. He had been more or less intemperate, and had suffered much from varicose ulcers upon the legs. He first noticed a swelling of the epigastrium two years before entering the hospital. The abdomen steadily enlarged for a year and a half, but for six months no change had been noticed. During the first year there was but little pain; this, however, increased afterwards, but never became excessive, and was complained of mostly when he was in the erect position. For a month there had been some swelling of lower extremities, extending above the knees. He continued to do light work until the last six months, when he became more and more disabled, and had been helpless for six weeks before entrance. The pulse was then 100, the appetite good, the bowels costive.

On examination, a firm, uneven tumor was felt filling the right side of the abdomen, nearly as low as the umbilicus. The flatness on percussion was continuous with that of the liver, and the mass moved with respiration. No particular tenderness on pressure. This appeared so obviously to be cancer of the liver that it was thought almost superfluous to make a differential diagnosis in speaking of the case to the students.

No material change was noticed in the condition of the patient after entrance. The principal complaint was of weakness, and he died on Feb. 10th.

The autopsy was made by Drs. Ellis and John Homans, Jr., four hours after death. The body weighed 90 pounds.

There was a moderate amount of serum in each pleural cavity. Lungs highly emphysematous, but otherwise normal.

Heart normal. Blood in the cavities quite liquid.

About six pints of serum in the peritoneal cavity. Rising from the subperitoneal tissue of the right lumbar region, between the kidney and the liver, was a large tumor

weighing fourteen pounds two ounces, and from nine to twelve inches in diameter. Though generally round or ovoid, there were protuberances, which had been felt during life. The external surface, as first seen, was of a whitish color, being covered with peritoneum, but the latter could be removed, leaving the mass still surrounded by a proper envelope. Fluctuation was so marked that a gush of fluid was expected on making an incision. It proved, however, to be a degenerated encephaloid mass, of the consistence and color of baked Indian pudding, with portions discolored by effused blood. Many parts had a concentric or laminated appearance. To the upper surface of this the liver was closely applied, and quite extensively adherent, though separable. The upward pressure of the mass had caused a remarkable flattening and atrophy of two thirds of the right lobe, opposite portions of its capsule being, in places, nearly in contact. The organ weighed two pounds ten ounces. About fifteen or twenty grayish-white cancerous nodules were scattered throughout, the largest perhaps a third of an inch in diameter.

The right kidney, which was firmly attached to the tumor, was but two inches in length, deformed, sacculated, and consisted mainly of the pelvis and other cavities, with some remaining substance, a third of an inch in thickness. In the latter, were two nodules upwards of an inch in diameter—one hard and whitish, the other of a golden bronze color. The ureter, at a point eight inches from the kidney, was distended by a soft growth, resembling the tubular structure of the testicle.

The lumbar glands were enlarged and cancerous. They weighed twenty ounces, and surrounded the aorta and iliac arteries.

The spleen was quite small, and adhered firmly to the diaphragm. The other organs were not remarkable.

Dr. Homans made a microscopic examination of the diseased parts, with the following results:—The tumor contained mostly fat-globules, débris, and a very large amount of cholesterine, with which the cut surface everywhere glistened. Some more recent and less degenerated parts contained large nuclei with large nucleoli, and some fusiform cells, with considerable fat. The bronzed nodule in the kidney proved to be renal tissue changed by fatty degeneration. The growth in the ureter was made up of villousities composed of cells of the same character as those found in the large tumor. The elements of the nodules

in the liver were similar, but of smaller size, with indistinct nuclei. Cholesterine was also seen.

The case was thought interesting, not only on account of the large size and complete degeneration of the tumor, but from the impossibility of distinguishing the disease from that of the liver itself, with which it was perfectly continuous.

APRIL 13th.—*Fibro-plastic Disease of the Liver; Disease of the Kidneys.*—Dr. BORLAND reported the case.

The patient was a laborer, aged 46 years. He was a healthy man till last summer, when, at work on Governor's Island, great weakness came gradually upon him, and he was obliged to give up work, though not confined to the house. He was unable to work till November, when in addition to weakness he suffered from general pains. He continued in this condition until about March 1st, when a marked œdema of face, limbs and genital organs came on suddenly. With these symptoms, he entered the City Hospital about the middle of March. He had no symptoms of any sort pointing to hepatic disease; an analysis of the urine showed some albumen and hyaline casts. The diagnosis was simply Bright's disease of the kidney. He remained generally as above until the seventh of April, when he had a severe chill, with lividity of the extremities, and died on April 10th.

Dr. C. W. Swan made the autopsy, and the following is his report:—

Liver below the normal size, but hard to the feel and strong in texture. Its surface was rather dark and minutely mottled, and was strongly and irregularly lobulated by the presence of cicatrix-like depressions, the result of a marked development of fibro-plastic tissue. Many of the lobules were two or three inches in diameter. Springing from one of the fibrous depressions on the upper surface of the liver, were three or four delicate, flaccid sacs of an elongated pear-shape, attached by thread-like pedicles. They were of white fibroid material, and were partially filled with a transparent fluid. They measured from a quarter of an inch to one inch in length. One had a broader attachment, and hung as a flattened bag.

On section of the liver, several small cavities, of the size of a pea and less, were found scattered through the organ. They occurred generally singly, though once or twice in groups of two or three, after the manner of abscess of the liver. The contents resembled whitish pus, and were of different degrees of consistency. There

was generally a limiting wall of fibrinoid material, sometimes corrugated so as to resemble, except in color, the corpus luteum. In general, these softenings occurred in the fibro-plastic new growth, especially where the latter was most concentrated, and showed by microscope instead of pus a direct fatty degeneration—abundance of fat-grains, with a few minute, shrivelled, defunct cells.

The fibro-plastic element was tough and semi-opaque, packed abundantly everywhere, and by contrast of color bringing the acini strongly into view. By microscope, caudate, fusiform and linear cells, with abundance of the characteristic round and oval nucleolated nuclei. The gland-cells were generally healthy, but many were fatty, and some were shrivelled and irregular.

The gall-bladder contained a rather large amount of ordinary bile, but was not in a state of distention.

Kidneys rather large and soft; not otherwise remarkable in gross appearance. By microscope, the tubules seemed to be simply filled with epithelium, so that the canals were obliterated. There was no other positively morbid appearance.

Spleen small, moderately firm.

Slight peritonitis, affecting chiefly the surfaces of intestines, which were darkly reddened, vascular and blotchy, and thinly coated here and there with fibrin; but in general only slightly wanting in lustre. Four quarts of turbid, pinkish serum were taken from the abdominal cavity. Urinary bladder nearly empty.

Heart well. On anterior face of right ventricle, a remarkably large, white, fibrous patch, wanting in lustre, and wrinkled and movable to some extent—in these respects differing from a majority of such cases. A similar, but smaller patch on corresponding part of left ventricle. No evidence of recent or other disease of pericardium.

Lunga healthy. Slight old pleural adhesions, and a remarkable puckering of the anterior surface of left lower lobe, at the site of a smooth, vascular and radiated fibrous development in the pleura. There was no trace of old disease in the lung tissue beneath.

MEDICAL COLLEGE IN DETROIT.—The physicians connected with the Harper Hospital, and others, are engaged in the establishment of the Detroit Medical College. Its professorships will, it is said, be filled for the most part by Detroit men.

Bibliographical Notices.

Contributions to Dermatology: Eczema, Impetigo, Scabies, Ecthyma, Rupia, Lupus. By SILAS DURKEE, M.D., Consulting Physician of the Boston City Hospital, &c. Boston: David Clapp & Son. 8vo. 1868.

A SUCCESSFUL practice of more than a quarter of a century, much of which time has been devoted almost entirely to the treatment of skin diseases, has given Dr. Durkee an experience in this department of medicine unsurpassed by that of any living dermatologist. As an observer, he has scarcely his equal; and, as a practitioner, he is thoroughly conversant with all that is written on the therapeutics of the skin.

He has treated the subjects of these essays in a masterly manner, and nothing of interest or importance has escaped his attention. We would cheerfully recommend this little volume to the student and practitioner as a clear, concise and rational exposition of all that is now known of the pathology and treatment of these diseases. *

A CURIOUS CASE OF FECUNDITY.—The following case, reported at length by M. Galopin, D.M.P. (*Revue Thérapeutique, Médico-Chirurgicale*, 1867, Paris), is interesting in an obstetrical point of view from its extreme rarity, but especially is it worthy of notice from physiological considerations, demonstrating the wonderful "nisus formativus," notwithstanding the multiplicity of the fœtuses.

The subject was forty years of age; this completed her seventh pregnancy. At five months and a half she was observed to be as large as those at nine months ordinarily attain. At this period she was accouchée, and gave birth to *five male children*, all of whom were as well formed as is ordinarily the case with an infant conceived alone, and with five and a half months of intra-uterine existence.

The accouchement was accomplished with scarcely any difficulty. The children lived from four to seven minutes, and were successively baptized whilst living.

There were five umbilical cords inserted into two placentæ, which adhered slightly at one part of their circumferences, three cords being attached to one, and two cords to the other.—*Richmond and Louisville Medical Journal.*

Medical and Surgical Journal.

BOSTON: THURSDAY, JUNE 25, 1868.

ANDERSONVILLE, FROM A CONFEDERATE ACCOUNT.

We lay before our readers to-day, the *conclusions* arrived at from the Report of the Andersonville Prison, an abstract of which was given in our last issue.

Some of them will be found to be unusual, and not to be expected under a like combination of unsanitary circumstances.

"I. The great mortality amongst the Federal prisoners confined in the Military Prison at Andersonville was not referable to climatic causes, or to the nature of the soil and waters.

"II. Not only were malarial fevers of infrequent occurrence amongst the Federal prisoners, but typhoid fever was rare, and typhus fever was unknown.

"III. The chief causes of death amongst the Federal prisoners of Andersonville were scurvy and its results, bowel affections, and chronic and acute diarrhoea and dysentery.

"IV. The effects of salt meat and of farinaceous food without fresh vegetables, were manifested in the great prevalence of scurvy.

"V. From the sameness of the food, and from the action of the poisonous gases in the densely crowded and filthy Stockade and Hospital, the blood was altered in its constitution, even before the manifestation of actual disease.

"VI. The impoverished condition of the blood, which led to serous effusions within the ventricles of the brain, and around the brain and spinal cord, and into the pericardial and abdominal cavities, was gradually induced by the action of several causes, but chiefly by the character of the food.

"VII. Scurvy, arising from sameness of food and imperfect nutrition, caused, either directly or indirectly, nine tenths of the deaths amongst the Federal prisoners at Andersonville.

"VIII. The bowel affections, which were classed under the heads of diarrhoea and dysentery, were due to several causes, but chiefly to the same causes which induced the scurvy; and these diseases were accompanied with profound lesions of the intestinal mucous membrane located more especially in the ileum, colon, and rectum;

and these lesions were characterized chiefly by thickening and softening of the mucous membrane, congestion and enlargement of the villi, intense congestion of the tubular glands, attended with hæmorrhage, intense congestion and ulceration of the lower portion of the ileum and of the colon and rectum.

"IX. Drugs exercised but little influence over the progress and fatal termination of chronic diarrhoea and dysentery in the Military Prison and Hospital at Andersonville, chiefly because the proper form of nourishment (milk, rice, vegetables, antiscorbutics, and nourishing animal and vegetable soups) was not issued, and could not be procured in sufficient quantities for these sick prisoners.

"X. The fact that hospital gangrene appeared in the Stockade first, and originated spontaneously without any previous contagion, and occurred sporadically all over the Stockade and Prison Hospital, was proof positive that this disease will arise whenever the conditions of crowding, filth, foul air, and bad diet are present.

"XI. A scorbutic condition of the system appeared to favor the origin of foul ulcers, which frequently took on true hospital gangrene.

"XII. Gangrenous spots, followed by rapid destruction of tissue, appeared in some cases in which there had been no previous or existing wound or abrasion; and, without such well-established facts, it might be assumed that the disease was propagated from one patient to another in every case, either by exhalations from the gangrenous surface, or by direct contact.

"XIII. The unfortunate accidents which followed vaccination in certain cases, were referable chiefly to the scorbutic state of the patients, and the tendency of all abrasions and wounds, however slight, to assume gangrenous ulceration.

"XIV. In the depraved condition of these prisoners, and in the foul atmosphere of the Military Prison Hospital of Andersonville, amputation did not arrest hospital gangrene; the disease almost invariably returned."

MEDICAL ADVANTAGES IN BERLIN.

We are permitted to quote the following from a private letter:—

"It may, perhaps, be not uninteresting to you to hear something of the course of study in Berlin. Its advantages are not as great as those of Vienna certainly, as the latter city is universally acknowledged to

be the best place for a general course of study for a *stranger*, and especially for one who wishes to accomplish a great deal in a short space of time. The Berlin men, however, call the Vienna school "superficial," and for certain specialties Berlin is far ahead of the Kaiserstadt. Graefe, Langenbeck and Virchow are not only looked upon here as the first men in Germany in their special branches, but, what is more important to the student, are the *best practical teachers*.

"Virchow is most indefatigable in his work. He gives, every morning, a practical course on pathology, lasting from two to three hours, beginning at 7 o'clock, and also a daily theoretical lecture from 11 to 12. Monday morning it is an autopsy, and, Monday last, attending for the first time, I stood three hours, by my watch, by the table, lost in astonishment at the number of interesting pathological points which he was able to discover in one unfortunate subject for our edification. Tuesday morning, it is a microscopic course; Wednesday, demonstration of specimens, of which he has several tablesful, and so on. In addition to all this, he frequently hurries from the lecture room to deliver a two-hour speech in Parliament. I may mention, as one of his chief peculiarities, his great power of sarcasm, which he uses most unmercifully against any young gentleman who happens to have a dirty object-glass, or on any of those enthusiastic beginners who see so much of pathological interest in an oil-globule or air-bubble. It is a very great treat to hear him snub a man—i. e., when you don't happen to be the unfortunate party yourself.

"Langenbeck's clinic is every afternoon. His material is quite large, and as he is a bold as well as original operator, one may see, during the week, many exceedingly interesting operations. Only this afternoon, I have seen him split the soft palate in order to remove a large tumor from the posterior wall of the pharynx. After removal of the tumor, he applied actual cautery to the wound—all without chloroform.

His favorite operations seem to be the subperiosteal resections of joints, in which he seems to have made great advances over the old method. Some of his plastic operations are really quite wonderful. All of these one has an opportunity of seeing at his private operating course. I doubt if there is any one clinic on the Continent where there is so much of interest for the surgical student. The only disadvantage

is, and that indeed not a small one, he never allows any "visits" in his wards.

J. C. W.

PERIPHERAL TERMINATION OF THE MOTOR NERVES.—Prof. Trinchesi, of the Genoa University, has drawn the following conclusions:—

"1. In all the animals in which he has been able to investigate the subject, a special organ, the *motor plate*, at the end of the *cylinder axis*, has been found.

"2. The following is the manner in which the nervous element is united with the muscular fasciculus:—

"When the muscular fasciculus is provided with sarcolemma and the nervous element with a sheath, this blends with the envelope of the primitive muscular fasciculus at the point at which the nervous element meets with the muscular fasciculi. At the same point, or a little before, the medullary substance stops, whilst the *cylinder axis* goes on and enters the motor plate.

"The motor plate is placed beneath the sarcolemma. It appears generally as a cone, of which the summit is directed to the side of the nerve-tube, whilst the base rests on the primitive muscular fibres.

"4. This plate is formed of two superimposed and quite distinct layers, especially in those animals which have large plates—the torpedo, for instance. The upper layer is of a granular substance; the lower is perfectly homogeneous, and is probably only an expansion of the cylinder axis.

"5. In the substance of the granular layer of the plate is found, in the torpedo, a system of canals, in which the cylinder axis ramifies as a large-meshed network. These canals are bounded by a sheath which forms their walls.

"6. When the muscular fasciculi have a central canal the granular substance of the plate is prolonged into the granular substance contained in this canal.

"7. In animals provided only with smooth muscular fibres the cylinder axis traverses the granular substance of the plate, dividing into two filaments which have pointed ends at the two extremities of the contractile element.

"8. Altogether it appears that each primitive muscular fasciculus shows one motor plate only. In this one or many nervous elements, proceeding from the subdivision of the same nervous tube, may end.

"9. The diameter of the motor plate increases in proportion with the size of the primitive muscular fasciculus."—*Jour. de l'Anatomie et de la Phys.*

A CASE OF CYSTIC DISEASE OF THE KIDNEY, SIMULATING OVARIAN DISEASE.—The case was reported to the Royal Med.-Chir. Society by Dr. Rose. C. R., a rather delicately constituted young lady, discovered a tumor about the size of an orange in the situation of the left ovary when at the age of thirteen. About this period, she menstruated for the first time, and continued to do so at intervals of three or four months for some years. She suffered also from hæmaturia occasionally, but in the early stages never mentioned the fact. She came under the author's care in January, 1856. The tumor at that time appeared solid, no fluctuation being perceptible. The tumor gradually increased until July 22d, 1865, when it extended from the pubes and Poupert's ligament on the left side to the ribs, and reached beyond the median line of the abdomen considerably.

Fluctuation was now very perceptible; and, equidistant between the crest of ilium, umbilicus, and ribs, a prominent point presented itself, over which the skin was thin, livid, and very tense. Through this point Dr. Rose introduced a trocar, and evacuated seven pints of sanguineous, clotty fluid. A large mass was still felt in the abdomen, apparently partly solid and partly multilocular. She remained very faint and low for some time, but in the course of about two years she had so far recovered as to be able to walk two or three miles, or play croquet for three or four hours at a time. The fistulous opening made by the trocar remained patent during the rest of her life, giving vent to semi-purulent, fetid fluid, varying in quantity from one ounce to several ounces daily. No hæmaturia or pain took place after the tapping, and the tumor gradually became reduced to the size of a man's fist.

About August, 1867, anasarca of the legs took place, and albumen was abundant in the urine. Nausea, sickness, and headache supervened, and she gradually sank on Oct. 29th, 1867, retaining consciousness to the last hour or so. Many professional opinions were obtained on the case, and all were led to diagnose ovarian disease, with complication.

The *post-mortem* examination revealed a large cystic kidney on the left side, with total destruction of the secreting portion; and the right kidney was undergoing yellow degeneration, and was enlarged to twice its normal size.

The chief points of interest in the case arise from the fact of its exhibiting a series of symptoms perfectly compatible with the

belief in its ovarian origin; its existence for so long a period (fifteen years); the absence of elements of urine in the fluid evacuated by the tumor; and the ultimate relief afforded by the puncture through the abdominal walls of so large a cyst, together with the comparative freedom from suffering and inconvenience, notwithstanding the large amount of disease found after death.—*Lancet*.

THE BREAST AS A PINCUSHION.—M. Ricord, during a recent discussion on the penetration of foreign bodies, related the following anecdote:—The celebrated actress, Madeline Brohan, suffered from a tumor of the breast which puzzled her various doctors as to its nature. The diagnosis wavered between an adenoid tumor and one of a scirrhus nature; but, before consenting to an operation, the patient consulted M. Ricord. He examined the breast with the most scrupulous care, and presently felt certain that a needle lodged in the substance of the organ was the source of the mischief; for during his examination, he felt the end of his finger pricked by the foreign body. To force the needle to project outwardly, and then to extract it, was the work of an instant. Great was the amazement of the patient, who had no idea how the accident had happened, and the clever operator on leaving cautioned her in future not to place her needles on such a pincushion. The tumor rapidly disappeared.—*Medical Times and Gazette*.

INSANITY IN SWITZERLAND.—Dr. Lunier, in the course of an interesting memoir, "*De l'alienation mentale en Suisse*," arrives at the following conclusions:—

"1. That in mountainous districts idiots and cretins are more numerous than the insane in the proportion of 159 to 93.

"2. That in the rural districts the number of the insane is about the same as that of the idiots and cretins.

"3. That insanity is more rare, and cretinism on the contrary more common, on the mountains than on the plains.

"4. That diseases of the mind, as a whole (insanity), idiocy and cretinism are more frequent on the mountains than on the plains in the proportion of 252 to 214, or about as 7 to 6."—*Annales Médico-Psychologiques*, Jan., 1868.

SMALL POX UNDER RARE CIRCUMSTANCES.—Dr. Wickersham stated to the Chicago

Medical Society that he had lately successfully vaccinated a mulatto girl, aged nineteen, unmarried, but pregnant, who had just been exposed to small pox. She had never been vaccinated before. Four weeks after the vaccination, a well developed child was born, covered with pustules of about the eighth day. Other members of the society had examined the child, and pronounced the disease variola. The case terminated favorably.—*Chicago Med. Jour.*

LIEBIG AND HIS OPPONENTS.—When the brilliant speculations of Pasteur on the subject of fermentation and of Fick and Wislicenus on that of nutrition were published, the old supporters of Liebig's hypotheses expected that the "father of organic chemistry" would be roused to defend his doctrines, and when they found Liebig silent, they construed his reticence into an admission that his opinions were unfounded. How gratified they will be to know that the veteran has returned to the charge, and, in a lecture just delivered (May 10) before the Academy of Sciences of Bavaria, has analyzed and rejected as unsound the theories of his adversaries! Assuredly Liebig's objections to Pasteur's method of experimentation, however little they afford a proof of his own doctrines, appeal to common sense against those of his opponent. One of Pasteur's most remarkable experiments on the subject of fermentation was that in which he proved (?) that the yeast fungus grows and increases in a mixture of tartrate of ammonia, sugar, and yeast ashes. To this experiment Liebig objects, that the principal constituent of yeast is a substance rich in sulphur, and since the experimental solution contained no sulphur, it was impossible that the yeast could have grown in it. In reply to Fick and Wislicenus, whose theory of nutrition has thrown such doubt on Liebig's, the President of the Bavarian Academy says that the experiments of these chemists rest on a series of misconceptions as to the nature of the organic processes involved in nutrition. "It is," he says, "just as impossible by the combustion of dried muscle to calculate its efficiency in the living body, as it was by the combustion of a dried bee to estimate the work which it accomplishes in the flight of many hours, carrying the weight of its own body several miles."—*Medical Times and Gazette.*

CASE OF HEMIDIAPHORESIS.—Dr. Meschede observes that cases of local sweating, tem-

porarily affecting both sides of the body, are not uncommon, but he has met with a case of much rarer occurrence, in which a unilateral sweating, chiefly affecting the face, had become almost habitual. A furrier's man, aged 40, was admitted in 1855 to the Schwetz Asylum, Prussia, in a state of half idiocy, and amidst various abnormal conditions observed was the existence of a profuse sweating, confined to one side of the face. He continued in the Asylum until August, 1861, when he was seized with symptoms of sporadic Asiatic cholera, and in four days after died. At the autopsy there were found very remarkable hyperostosis of the cranium, great enlargement and cystic degeneration of both kidneys. The most remarkable feature about the case was the uninterrupted sweating of the face, which was limited to one side.—*Virchow's Archiv.*

M. BOUILLAUD'S ELECTION AT THE ACADEMY OF SCIENCES.—M. Bouillaud has just been elected a member of the Academy of Sciences, in lieu of the departed Rayer. This crowning scientific honor was well due to the merits of the illustrious physician, whose investigations and discoveries will rank amongst the most valuable in the annals of contemporary medicine.

Our readers are perhaps aware that candidates for seats in any of the French Academies are obliged, some time before the election, to pay separate visits to all the members of the Academy concerned. *L'Union Médicale* relates, in touching terms, the interview which took place on this occasion between M. Andral and M. Bouillaud. The two veterans of French medicine had not met for years; so, after having warmly embraced each other, they sat down to a long and most friendly conversation. One of the results of this interview may be found in the able report which M. Andral subsequently read at the Academy of Sciences, and which contributed much to secure M. Bouillaud's election.—*London Lancet.*

YELLOW FEVER CURED BY CHOLERA.—This is the age of novelty in medical as well as in other sciences, and the above is an evidence of the fact. In looking through the wards of the "Royal Charity Hospital of San Felipe and Santiago," of Havana, in May last, with the surgeon in charge, and in discoursing upon a number of cases of yellow fever then before us, he mentioned, as a curious fact, that during the previous

summer, he had had cases of epidemic cholera and of fever in the same ward, and that at least three cases, which had marked hæmorrhagic vomiting (not black vomit) were attacked with symptoms of incipient cholera, the purging being quite severe; that immediately on the occurrence of this, the vomiting, which had resisted all remedial efforts thus far, ceased and did not recur, and the three patients recovered. The doctor says he is determined, on the first opportunity, to inoculate patients thus circumstanced with the cholera poison, as a remedial agent of great value. This is analogous to the proposition made not long ago by some one to inject snake venom hypodermically, as a powerful sedative, in such affections as tetanus and hydrophobia.—F. D. LENTE, M.D., in *N. Y. Med. Gaz.*

DELIRIUM TREMENS TREATED BY PULV. CAPSICI.—Dr. Robert W. Jackson reports, in the *Canada Medical Journal*, two cases of delirium tremens, both of which, under very unfavorable circumstances, yielded promptly to large doses of pulv. capsici. The one was complicated with erysipelas of the head, with tendency to cerebral congestion; in the other, there were symptoms of arachnitis, with effusion. In the former, he gave two doses of one drachm each of pulv. capsici in beef tea, with brandy and egg; in the latter, two drachms of tinct. capsici was given in a rhubarb draught, and two doses, a few hours apart, of thirty grains each of pulv. capsici—in both cases with the effect of securing sound sleep and speedy convalescence. In both cases, he says, "the previous habits, as well as complications existing," gave evidence that the attack would be severe, while the results were so satisfactory that he would "certainly be disposed to try its effects again."—*Humboldt Medical Archives.*

AN EXPECTORATED BUCK-SHOT.—A. N. Rositer, the oldest of a trio of brothers from Richmond, Mass., who enlisted in the Forty-ninth Regiment, one of whom was killed at Port Hudson, and the other at Baton Rouge, was wounded in the retreat from Port Hudson on March 14, 1863. Since that time he has been troubled with a cough and bleeding at the lungs. Last week he coughed up a rebel memento in the shape of a flattened buck-shot, which it seems he has carried more than four years. He is thereby wholly relieved from his disagreeable symptoms.—*N. Y. Med. Record.*

NEW OPERATIONS ON THE EYE.—M. de Graefe took occasion to communicate three new surgical operations, with their procedure. The first has for its object the section of the optic nerve, in cases of remaining subjective luminous sensation, in particular affections, to the loss of the eye, and the occasion of deep troubles in the life of the patient. The second consists in the partial tenotomy of the elevator of the upper eyelid, in Bandow's disease. The third concerns the most recent modifications practised by the learned professor in his method of linear extraction of cataract. This modification consists in the suppression of every tractor for evacuating the crystalline. Since the introduction of this modification, the number of cases of proclivencia of the vitreous body has been diminished, in the proportion of from 14 in 100 to 3 in 100.—*Gaz. Hebdom.*

GOSSEYPIUM AN AN EMMENAGOGUE AND PARTURIFACIENT.—Dr. Bellamy, of Columbus, Ga., says of the common cotton plant, gossypium:—"I am fully satisfied, from the experiments and impartial trials I have given the remedy, that it is fully equal, if not superior, to ergot in promoting the various functions of the uterine organs. I look upon it as a sure, speedy and safe remedy, not only for difficult, painful, contracted labors, but also to control all the irregularities of females, and to alleviate their peculiar monthly sufferings. It is very certain that its effects are so powerful upon the uterine system as to produce miscarriage, if administered during pregnancy. I feel that its merits cannot be too highly extolled, and deem it too valuable a remedy to remain hidden in the depths of obscurity. I consider it preferable to ergot. The proper time to gather the root is when it is as old as possible without being injured by the severe frosts; therefore it is best when gathered during the months of October and November."—*Atlanta Med. and Surg. Jour.*

M. CHASSAIGNAC, whose labors and inventions are universally known, has been elected a member of the Academy of Medicine of Paris. Seventy-six voters took part in the election, and M. Chassaignac had fifty-six votes.—*Lancet.*

THE attention of our city readers is called to the advertisement, in to-day's *JOURNAL*, of the Secretary of the Suffolk District Board of Censors.

Selections and Medical Items.

DR. HARLEY, in the Gulstonian Lectures at the College of Physicians, considered "The Physiological Action and Therapeutic Uses of Conium, Belladonna and Hyoscyamus, alone and in combination with Opium."

The action of conium is confined to the motor centres, causing temporary depression of the functional activity of the corpora striata, the minor centres of motion, and the whole reflex functional activity of the spinal cord. Its action is in proportion to the motor activity rather than to the muscular strength; a restless child will take, without appreciable effect, a dose sufficient to paralyze an adult of indolent habits. The earliest indication of its effect is ptosis and dilated pupil. Its last effect is complete obliteration of all muscular movement derived from the cerebro-spinal motor tract. He considers that the powdered leaves, the ordinary extract and tincture made according to the British Pharmacopœia, are nearly worthless; the "succus" being the only preparation of value. The dose of this varies from 1½ to 8 drachms, according to the activity of the patient. He considers it valuable in tetanus, chorea, epilepsy, spasmodic affections of the stomach and œsophagus and muscular tremor. The active principle was not found in the urine.

Belladonna and atropia in equivalent doses have the same action. Atropia acts the same, whether taken by the mouth or injected under the skin; only by the latter method its action is much more rapid. Atropia is eliminated by the kidneys; it was found in the urine eighteen minutes after the injection of one forty-eighth of a grain, and is entirely removed at the end of two or three hours. The effect of small doses of the alkaloid or its salts is to cause frequency of the pulse, transient giddiness, dryness of the mouth, dilatation of the pupil. Sometimes there is delirium. In two or three hours the effect passes off. Children are less susceptible than adults to its action. Caustic potash and soda decompose the alkaloid. Caustic ammonia and lime will at most only delay its action. Therapeutically, belladonna may be considered—1, as a diuretic; 2, as a means of increasing the oxidizing process within the body; 3, as a direct stimulant to the sympathetic nervous system. It is peculiarly useful as a cardiac stimulant, in this respect surpassing all other medicines; but it must be used in doses sufficient only to produce this effect, and with not more than a slight dryness of the mouth. One hundredth of a grain of sulphate of atropia, given subcutaneously, is sufficient for this.

Hyoscyamus and the alkaloid hyoscyamia are physiologically identical; their action is at first a slight increase in the frequency and power of the pulse, then a considerable diminution, accompanied by giddiness, sleepiness and dilatation of the pupil; in some cases, slight twitching, dryness of the mouth and air-passages, and delirium. Children are not very easily susceptible to its action. Dr. Harley places hyoscyamus between opium and belladonna; resembling opium in its somniferous properties, and belladonna in its action on the sympathetic system, as indicated by the pulse.

Hyoscyamia appeared in the urine twenty-two minutes after the subcutaneous injection of one fiftieth of a grain, and two hours and a half after two drachms of the "succus" taken by the mouth.

DEATH FROM NICOTINE.—A case of death from nicotine recently occurred at Cohoes, N. Y., under the following circumstances: The father of a little girl, in an endeavor to "heal a sore on her lip," applied to it the contents of a "rank" pipe-stem. The victim was almost immediately seized with the peculiar symptoms of tobacco-poisoning, and died a few hours afterwards.—*Med. Record.*

M. CLAUDE BERNARD, the celebrated physiologist, has just been elected at the French Academy to the seat which the demise of M. Flourens had left vacant.

MEDICAL DIARY OF THE WEEK.

MONDAY, 9, A.M., Massachusetts General Hospital, Med. Clinic; 10, A.M., Medical Lecture. 9, A.M., City Hospital, Ophthalmic Clinic.

TUESDAY, 9, A.M., City Hospital, Medical Clinic; 10, A.M., Medical Lecture. 9 to 11, A.M., Boston Dispensary. 10-11, A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, 10 A.M., Massachusetts General Hospital Surgical Visit. 11 A.M., OPERATIONS.

THURSDAY, 11 A.M., Massachusetts General Hospital, Clinical Surgical Lecture.

FRIDAY, 9, A.M., City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., OPERATIONS. 9 to 11, A.M., Boston Dispensary.

SATURDAY, 10, A.M., Massachusetts General Hospital, Surgical Visit; 11, A.M., OPERATIONS.

A Bulletin of Expected Operations, in both the Hospitals, will be found, weekly, at the office of the Boston Medical and Surgical Journal, and at Messrs. Codman & Shurtleff's, 13 and 15 Tremont Street.

TO CORRESPONDENTS.—Communications accepted:—A new Concealed Knife—Boston Lunatic Hospital Reports, No. III.—A new Method of Embalming—On Mineral Waters—The Lime Treatment of Rheumatism—The Means of arresting Hemorrhage.

BOOKS RECEIVED.—Lessons in Physical Diagnosis. By Alfred L. Loomis, M.D., Professor of the Institutes and Practice of Medicine in the Medical Department of the University of New York, &c. New York: Robert M. DeWitt.—Report on Epidemic Cholera and Yellow Fever in the United States Army during 1867.

MARRIED.—At Coleraine, 4th inst., Charles F. Forbes, M.D., of Waltham, to Mary A. Thompson.

DIED.—In Troy, N. Y., suddenly, on the 22d inst., Dr. Thomas C. Brinsmade.

DEATHS IN BOSTON for the week ending Saturday noon, June 20th, 82. Males, 34—Females, 48.—Abscess, 1—accident, 2—asthma, 1—inflammation of the bowels, 3—congestion of the brain, 1—disease of the brain, 5—inflammation of the brain, 2—bronchitis, 1—cancer, 2—consumption, 6—convulsions, 4—croup, 2—cyanosis, 1—cystitis, 1—debility, 3—diarrhoea, 1—dropsy, 4—dropsy of the brain, 1—scarlet fever, 5—hemorrhage, 2—disease of the heart, 2—intemperance, 3—disease of the kidneys, 3—disease of the liver, 2—congestion of the lungs, 1—inflammation of the lungs, 4—marasmus, 1—measles, 2—old age, 2—peritonitis, 2—pleurisy, 1—premature birth, 1—disease of the spine, 1—splenitis, 1—teething, 1—unknown, 6—whooping cough, 1.

Under 5 years of age, 36—between 5 and 20 years, 5—between 20 and 40 years, 16—between 40 and 60 years, 15—above 60 years, 10. Born in the United States, 57—Ireland, 18—other places, 7.

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MEDICAL JOURNAL ADVERTISING SHEET.

CENSORS SUFFOLK DIST. MASS. MED. SOCIETY.—In accordance with the following *late amended* By-law, the Board of Censors will meet at the house of Dr. Geo. H. Lyman, 30 Mt. Vernon Street, July 8th, at 12 M.

"XX. The Censors for the Suffolk District Society shall officiate for that District and for the Society at large; and shall meet, for the admission of Fellows, in Boston, on the Thursday next preceding the annual meeting of the Society, on the days succeeding the examinations of the Medical Department of Harvard University, and on the day of the annual meeting of the Society."

No fee is attached to the admission of a Fellow, and graduates of Harvard University and Berkshire Medical College can join the Society without examination on exhibition of their diplomas.

Gentlemen desiring to join the Society will please remember that if they have opened an office or are settled out of Suffolk District, they must enter the Society through their District Censors.

The meetings of the Suffolk District Censors will take place as above ordered *only*, and *not* as announced on the card distributed to the members before the last meeting of the Mass. Med. Society.

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Je25—2t

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TO PHYSICIANS.—Prof. HORATIO E. STORER will deliver his fourth private course of twelve lectures on the TREATMENT OF THE SURGICAL DISEASES OF WOMEN, during the first fortnight of December, with illustrative operative instruction at the Franciscan Hospital for Women, under his charge.

Fee \$50, and Diploma required to be shown. Certificates of attendance upon the previous courses have now been issued to twenty-nine gentlemen in different parts of the country.

Hotel Pelham, Boston, June, 1868.

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JOSEPH T. BROWN, Pharmacist,
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Agent for Boston.

Jy 18—4t

O'REILLY PRIZE.—Dr. JOHN O'REILLY, of New York, having offered, through the N. Y. Academy of Medicine, a Prize of Six Hundred Dollars for an Essay on the Physiology and Pathology of the Sympathetic or Ganglionic Nervous System, the Committee of Award, appointed by the Council of the Academy, have adopted, with the concurrence of the Council, the following Regulations:—

I.

The competing Essays shall be sent in to the Chairman of the Committee, Prof. J. C. DALTON, M.D., No. 101 East Twenty-Third Street, New York, on or before the 1st day of March, 1869.

II.

Each Essay shall be marked with some distinguishing device or motto, and accompanied by a sealed Envelope bearing the same device or motto, and containing the name and address of the writer.

III.

The Essay selected by the Committee shall be transmitted by them, together with its accompanying envelope, to the Council of the N. Y. Academy of Medicine, under whose direction the envelope shall be opened and the name of the writer announced at the first meeting of the Academy in May, 1869.

IV.

The Prize is open for universal competition.

V.

The Committee have a right to reject whatever does not come up to a proper standard of merit.

ALFRED C. POST, M.D., *Pres't of the Academy,*
On behalf of the Council.

Committee of Awards.

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A. FLINT, JR., M.D., Prof. of Phys. in the Bellevue Hosp. Med. Coll., New York.

ALFRED L. LOOMIS, M.D., Prof. of the Inst. and Prac. of Med. in the Univ. Med. Coll., New York.

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July 3

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

DAVID W. CHEEVER, M.D., EDITOR.
OLIVER F. WADSWORTH, M.D., ASSISTANT EDITOR.

Whole No. 2104. }
Vol. LXXVIII. }

THURSDAY, JULY 2, 1868.

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Vol. I. — No. 22.

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Jy. 16—tf.

DR. JOHN P. ORDWAY, No. 42 Bedford Street, Boston, has relinquished general practice, and will hereafter devote his special attention to the treatment of "Fistula," "Piles," and "Lung Diseases." My 14—1y

CUTTER RETREAT FOR NERVOUS INVALIDS, PEPPERELL, MS.—DR. JAMES S. N. HOWE, for many years associated with the late Dr. CUTTER, still continues in charge of this Establishment. He can receive into his family a few additional patients, and will devote himself specially to their care and comfort.

Dr. H. is permitted to refer to

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One pound comprises the soluble portions of twenty pounds of fresh beef obtained from mature animals slaughtered while in perfect health.

This Extract of Beef differs from Borden's Meat Biscuit (see U. S. Dispensary) in being concentrated to a degree four times greater, and in containing no farinaceous constituent, without the aid of which perfect preservation had not then been obtained. It is a nut-brown substance of the consistence of caoutchouc, possessing the flavor of delicately roasted meat, and keeps in perfect condition for an indefinite length of time.

Dissolved in varying proportions in hot water* and seasoned, a Beef Tea, or Essence of Beef, of any desired richness, is instantly produced, of aromatic flavor, more palatable than and superior in all essential qualities to that made by ordinary culinary methods, and which is gratefully received and retained by the stomach when other forms of food are rejected.

It has received the highest approval of many of the first physicians in the United States, and is offered for use wherever a stimulating and supporting element is indicated.

Full directions accompany each package.

Made by BORDEN & CURRIE, in Illinois, and sold at wholesale and retail by them at 112 E. 29th Street, and by Geo. W. Southwick, successor to Philip Shickelbin & Co., 58 and 60 Vesey Street, New York, and at retail by many druggists and grocers in various parts of the country. In Boston for sale by

THEODORE METCALF & CO.
D7—4f. Tremont Street.

COPARTNERSHIP NOTICE.—WILLIAM W. GOODWIN retires from our firm, and SAMUEL L. COLCORD is admitted a partner from this date.
July 1, 1884. THEODORE METCALF & CO.
39 Tremont Street.

THEODORE METCALF & CO., APOTHECARIES, 39 Tremont Street, Boston, having made changes in business, with a view to a more extended trade, and for the purpose of keeping a stock of standard, fresh and reliable Medicines constantly on hand and continually changing, offer to their customers in larger quantities than formerly, and to the trade generally, at jobbing prices, new and pure Essential Oils, Powders, Chemicals, Medicinal Extracts, Pharmaceutical Preparations, Select Drugs, New Remedies, and those Foreign Preparations of value prescribed by Physicians in this country. These goods will be imported, prepared in the store, manufactured to order, or selected from the market, with reference to the quality of each particular article, with the design as far as possible of presenting to their customers a full assortment, pure and of official strength, of those articles which are usually found of variable quality.

To the responsible duty of preparing PHYSICIANS' PRESCRIPTIONS, the same prominence will be given as heretofore.

S. M. COLCORD having retired from the firm of S. M. Colcord & Co., and being now associated with T. METCALF & Co., takes this occasion to thank his old friends and customers for their liberal patronage in the past, and assures them that no efforts will be spared in the future to retain their confidence and to meet their wants—with his present improved facilities—as well in regard to quality and price of goods, as to the general advancement of all that relates to Pharmacy and an orderly drug business.
Jy17—4f.

THE NEPHOGENE.

THE MOST COMPACT, COMPLETE AND CHEAPEST Apparatus yet designed for atomizing medical fluids for Inhalation. Securely packed for transportation in a metallic box 4 by 8 inches in size, which also serves for a stand when the instrument is in use, and obviates the necessity of any additional fixtures. Can be used with any kind of atomizers.

Sent by Express, on receipt of the price, to any part of the United States and Canada.

Price, \$10 00. Extra Face Protectors, \$1.00.

Every instrument will be thoroughly tested and warranted perfect in every respect.

WILLIAM READ, M.D.
My24 873 Washington Street, Boston, Ma.

MASS. GEN. HOSPITAL,
Boston, June 12, 1886.

William Read, M.D.

Dear Sir,—The apparatus for atomizing medicated fluids for inhalation, arranged under your direction, has been used for some time in the Hospital, with entire success. It is perfectly safe compact, and easily applied. I take pleasure in saying that it is the simplest and most convenient atomizer I have as yet seen.

Yours, very respectfully,

BENJ. S. SHAW, M.D.
Res. Phy. and Sup't Mass. Gen. Hospital.

MEDICAL DEPARTMENT OF DARTMOUTH COLLEGE—Hanover, N.H.—The Seventy-Second Annual Course of Lectures at this Institution will commence on Thursday, August 6th, 1886, and continue three months.

Faculty of Medicine.

Rev. ASA D. SMITH, D.D., LL.D., President.
DELI CROSBY, M.D., LL.D., Prof. of Surgery, Obstetrics, Diseases of Women and Children, and Librarian. Hanover.
EDWARD E. PHILLIPS, M.D., LL.D., Prof. of Theory and Practice of Physic and Pathological Anatomy. Windsor, Vt.
ALBERT SMITH, M.D., Prof. of Materia Medica and Therapeutics. Peterborough.
OLIVER P. HUBBARD, M.D., LL.D., Prof. of Chemistry and Pharmacy. New Haven, Conn.
EDMUND R. PRASLER, M.D., LL.D., Prof. of Anatomy and Physiology. New York City.
ALFRED B. CROSBY, A.M., M.D., Associate Prof. of Surgery. Hanover.
JOHN ORDBROUX, M.D., LL.B., Lecturer on Medical Jurisprudence. New York City.
LYMAN B. HOW, A.M., M.D., Demonstrator of Anatomy. Manchester.

Fees payable in advance. For the course, \$70. Matriculation (paid but once), \$5. Graduating expenses, \$20.

Good board can be obtained from \$3.50 to \$5 per week, according to the taste of the student, and this may be greatly lessened by uniting with boarding clubs.

Any one desiring further information will address Prof. A. B. Crosby, or the subscriber at Peterborough, N.H.

ALBERT SMITH, M.D., Sec'y.

My14—cwtA.

PHYSICIAN'S DAILY ACCOUNT BOOK.—We have just published a new edition of the above popular professional Account Book. An assortment of the different kinds may now be found at the Medical and Surgical Journal Office, No. 334 Washington Street.

Small size, with Day Book, Cash Book and Ledger,	\$3.00
Large size, with the same,	4.00
Large size, Day Book only (bound up especially for individuals preferring separate Cash Book and Ledger),	4.00

Orders, with the amount enclosed, may be sent by mail to the publishers of the Journal, and the book will be forwarded by Express, or as otherwise directed.

IMPROVED SPERMATORRHOEA RINGS—Of pure silver, for preventing and curing Nocturnal Emissions. Price, \$3—to physicians, \$2. They can be sent by mail in a letter. Also a large assortment of elastic, glass and metal Syringes, Breast Pumps, Nursing Bottles, &c. &c., for physicians' and family use.

Sold by E. M. SKINNER, Chemist, &c.,

27 Tremont Street, opposite the Museum, Boston, Mass.
Mch19—4f.

BACK VOLUMES OF PERIODICALS FOR SALE.—A physician, permanently disabled from practice, and having no further use for the Medical Journals which he has been receiving for many years, would like to dispose of them at a large discount. They comprise 41 volumes bound and 23 unbound of the Boston Medical and Surgical Journal; 16 volumes bound and 48 numbers unbound of Braithwaite's Retrospect; 6 volumes bound and 24 numbers unbound of the American Journal of the Medical Sciences; 2 volumes bound and 2 unbound of the Medical and Surgical Reporter; 8 volumes Medical News; and nearly all the volumes of the Library of Practical Medicine, including all of Copland's Dictionary. Further information respecting the style of binding, the price, &c., may be obtained at this office. Ap. 2—4f.

HAVING sold to Messrs. CODMAN & SHURTLEFF, 13 Tremont Street, our entire stock of Surgical, Dental and Veterinary Instruments, and having relinquished these branches of our business, we hereby recommend the establishment of Messrs. Codman & Shurtleff to our former patrons. HASSAM BROTHERS,
Feb.—4f. (late Kingman & Hassam.)

TEACHING FROM THE CHAIR AND AT THE BED-SIDE.

An Introductory Lecture delivered before the Medical Class of Harvard University, November 6, 1887, by OLIVER WENDELL HOLMES, M.D., Parkman Professor of Anatomy and Physiology Printed at the request of the class.

In connection with the edition of Prof. Holmes's Lecture for the Medical Class, printed at the JOURNAL office, a small edition is issued for sale, and copies may be obtained of the Publishers, 334 Washington Street, at 25 cents each.

MEDICAL JOURNAL ADVERTISING SHEET.

VACCINE VIRUS—of WARRANTED EXCELLENCE.—The subscriber continues, as for the past seven years, to pay special attention to the procuring and supply of Vaccine Lymph.

His vaccinations are made from two different "stocks," which he has found to be most perfect and energetic, that of Robert Ceeley, F.R.C.S., of Aylesbury, England, and that of the National Vaccine Institution, of London.

All material supplied will be from vaccinations, made by himself, of perfectly healthy infants, will be sent on the day the order is received, and, if by mail (as is recommended), postage free. Every particle of lymph is warranted of perfect purity and reliability in all respects.

Should failure in any case follow its use, a fresh supply will be sent on notification within twenty days.

QUILL POINTS prepared in such a way that the lymph cannot chip off. Ten points, \$1.50.

ENGLISH IVORY POINTS, fully charged on both sides, in packages of ten points, \$2 per package.

CAPILLARY GLASS TUBES, of Dr. Husband's invention, hermetically sealed and filled with fluid lymph, \$2 each.

FRESH CRUSTS, resulting from the desiccation of perfect vesicles, mounted in Gutta Percha so that they can be used without breakage or waste, \$3.

HENRY A. MARTIN, M.D.
Roxbury, Mass.

Roxbury, Oct. 26, 1865.

ATWOOD'S PURE COD LIVER OIL—Prepared by Capt. N. E. Atwood.

The following distinguished Boston Physicians recommend Capt. A.'s preparation.

D. Humphreys Storor,
Samuel Cabot,
Jacob Bigelow,
Henry L. Bowditch,

J. Mason Warren,
Chas. E. Ware,
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JOSEPH T. BROWN, Pharmacist,
292 Washington, cor. Bedford Street,
Agent for Boston.

Jy 18-14

TO PHYSICIANS AND DRUGGISTS.

HOWELL & ONDERDONK,
PHARMACEUTICAL CHEMISTS,
112 Liberty Street, New York,

Prepare the following Articles, to which their attention is respectfully called.

Edx. Calceaya, Iron and Bismuth.

" Calceaya and Pyrophos. Iron.

" Cinchona, Iron and Strychnia.

" Pyrophosphate Iron.

" Valerianate Ammonia.

" Valerianate Amm. and Quinia.

" Valerianate Strychnia.

Solution Protoxide Iron.

" Protox. Iron and Quinia.

" Protox. Iron, Rhubarb and Columbo.

" Gutta Fercha.

" Citrate Lithia.

Syr. Phosphate Iron, Quinia and Strychnia.

" Iodide Iron, U. S. F.

" Phosphate Compound (chemical food).

" Citrate Iron and Strychnia.

" Hypophosphite Comp. (Lime, Soda, Iron and Potassa).

" Hypophosphites (Churchill's).

" Hypophosphites, Lime and Soda.

" Hypophosphites Soda.

" Hypophosphites Lime.

" Hypophosphites Iron.

" Hypophosphites Manganese.

" Iodide Starch.

Gutta Fercha Vesicant.

Liquid Bismuth.

Citrate Bismuth.

Tannate Bismuth.

Ammonia-Citrate Bismuth.

Fowler's Solutions.

Donovan's Solutions.

Full Descriptive and Price Lists furnished upon application.

D26-tf.

OTTO & REYNDERS.

Manufacturers and Importers of SURGICAL AND ORTHOPEDIC INSTRUMENTS. Every apparatus for local anesthesia and for amputation of Limbs, Laryngoscopes, Ophthalmoscopes, Hypodermic Syringes, Splints for Hip-Joint Disease, Skeltons, Trusses, Elastic Stockings, Laminari Digitata, Uterine Tents, Axilla Thermometers, Biegel's Inhaler and Powder, etc. The latest improvements, and new inventions on hand and received constantly from Agents in Europe.

Mch. 19-17

LEOPOLD BABO, German Apothecary, No. 13 Boylston Street, Boston.

Sept. 15-17.

TO THE MEDICAL FACULTY.—It would be needless to expatiate to the Profession upon the excellent uses to which Wine is applied. Its members are well aware (to quote from the valuable writings of Prof. Wood and Baché of Philadelphia) that wine is an important medicine, productive of the best effects in certain diseases and states of the system. In the convalescence from protracted fever, and in sinking of the vital powers it is the best remedy that can be employed. "In certain stages of fever, especially when conjoined with bark, &c., it is our main dependence."

We therefore conscientiously recommend the

HYGIENIC WINE.

Component Parts.

Vini Xerici	-	-	-	1 Litre (2.11 pts.)
Colombes	-	-	-	1 oz.
Gentian. Lutes.	-	-	-	2 dr.
Artemise Absinth.	-	-	-	1 dr.
Chinchon. Pulv.	-	-	-	4 dr.
Galange	-	-	-	24 gr.

It is prepared in Paris by an eminent chemist, M. Jules Farat, from a fine pure sherry. The tonic principles which are scientifically infused into the wine are well known. It is the approval of the Pharmaceutical School of France, and is in constant use by the physicians there. It has also been examined and approved by the prominent physicians in New York and throughout the country, and is considered by those who have tried it, the most valuable article of its kind in use.

A tonic of this nature, having no admixture of alcohol or whiskey, not intoxicating in its effects, and so skillfully prepared, has been much needed for the physician's purposes. You are cordially solicited to examine and prescribe it.

Sold by Druggists generally.

HYGIENIC WINE CO.

33 Broadway, New York,
Importers of pure Wines.

N21-

APPARATUS FOR PARACENTESIS THORACIS—Approved by Dr. H. I. Bowditch, and accompanied with directions furnished by him.

Camman's Stethoscopes, Articulated and Disarticulated.

Otoscoopes.

Ophthalmoscopes—Graefe's, Liebreich's, Aagnostakis's, Dir's modification.

Heurteloupe's Leech.

Dewee's Evaporator.

Splints and Fracture Apparatus.

Warren's Tonsillator.

Bigelow's Tourniquet.

Sayre's Splints for Hip-Joint Disease.

Crutches, the best patterns.

Hypodermic Syringes.

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Universal Syringes.

Respirators, to prevent Coughing.

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Galvanic Batteries and Apparatus.

Rubber Urinals, for males and females to carry on the person.

Elastic Hose—a large assortment.

Trusses, Abdominal and Spinal Supporters, Apparatus for Weak Ankles, Club Feet, Bow-Legs, &c.

Medicine Trunks and Pocket Medicine Cases.

Skeletons, Manikins, Anatomical Models and Preparations, on hand or imported to order.

Amputating, Trephining, Pocket and other Instruments, in sets or single.

Dental Instruments and Materials of all kinds, &c. &c.

Agents for Douglass's Artificial Limbs.

N. B. Instruments made to order, or repaired, sharpened and polished.

CODMAN & SHURTLEFF,

13 and 15 Tremont Street, Boston,

Manufacturers and Importers.

Mh. 16-17

CITY PHYSICIAN'S OFFICE,

Court Square, Boston, Mass. }

THE Subscriber is prepared to supply **VACCINE VIRUS**, of warranted purity, freshness, and reliability, taken from healthy infants, in crusts or on quill points, to physicians in any part of the United States or British Provinces. The quill points are charged with great care, to ensure a sufficient quantity of lymph on each, and are so prepared that it will not chip off leaving the quill bare and disappointing the vaccinator. Both will be packed for transportation in air-tight envelopes. Ten quills \$2; one crust \$3.

By a system of registration adopted at this office, the name of every child from whom virus is taken is recorded and will accompany each package of quills or crust, so that the source of any particular lot can be traced at once.

All orders answered by return of mail, postage free, and if the quills do not give perfect satisfaction, if notified within ten days, a fresh supply will be sent.

Address, WM. REED, M.D.

City Physician, Boston Mass.

Refers to Editors of this Journal.

Aug. 10.

E. FOUGERA, Manufacturing Pharmacist,

(Late E. & S. Fougere,)

No. 30 North William Street, New York.

See Physiological and Therapeutical action of Cod Liver Oil, in the Med. and Surg. Reporter of Phil. 16 Feb. 1867.



FOUGERA'S



COMPOUND

IODINISED

Cod Liver Oil.

The immeasurable therapeutic superiority of this oil over all other kinds of Cod Liver Oils sold in Europe or in this market, is due to the addition of IODINE, BROMINE, AND PHOSPHORUS.

This oil possesses not only the nourishing properties of Cod Liver Oil, but also the tonic, stimulant, and alterative virtues of IODINE, BROMINE, AND PHOSPHORUS, which are added in such proportions as to render FOUGERA'S COD LIVER OIL *FIVE TIMES* stronger and more efficacious than pure Cod Liver Oil, saving therefore TIME, MONEY, SUFFERING, AND LIFE. ♦

Fougere's
DRAGEES
AND
Syrup of Iron,
(PYROPHOSPHATE
OF IRON.)

This preparation, approved by the French Academy of Medicine, was first introduced into America (1867) by E. Fougere, Pharmacist. Its increasing favor among the medical faculty is the best proof of its real merits.

It is prescribed as a tonic and a stimulant in all cases requiring Iron and Phosphorus. As a nervous tonic no other remedy can supply its place. It is the most active adjuvant of Cod Liver Oil.

Each dragee, or each teaspoonful of syrup contains 2 grains citrammoniacal pyrophosphate of Iron.

DOSE.—4 to 8 grains, 3 times a day, before meals.

LANCELOT'S CIGARETTES, FOR ASTHMA.

It suffices to *inhale* the smoke of these cigarettes to experience immediate relief.

All nervous affections in general, and especially those of the chest, are often cured, and always relieved by the use of Lancelot's Cigarettes.

LANCELOT'S
IODINISED
Syrup of
Horse-Radish.

This syrup is composed of *Watercress, Scurvy Grass, Horse Radish, Peruvian Bark,* and IODINE. It acts as a tonic, stimulant, diuretic, deobstruent and a powerful depurative remedy. It is an old, but highly esteemed preparation, daily prescribed in Europe and South America for *Swellings of the Glands, Rickets, Lymphatic and Scrofulous Affections, Chronic Rheumatism, and for Cutaneous and Syphilitic Diseases.* It is invaluable for lymphatic and debilitated children.

DOSE.—For adults, a tablespoonful 3 times a day, and at least two tea-spoonfuls for children also 3 times daily. Each tablespoonful contains 2 grains of Iodine.

FOUGERA'S
IDO-FERRO
Phosphated
ELIXIR OF
Horse-Radish.

This elixir composed by E. Fougere contains in addition to the above components, 4 grains of Pyrophosphate of Iron per tablespoonful, and is given in the *same manner and doses* as the above simple Iodine syrup, and also in same cases, particularly in those requiring Iron.

One of the immense advantages of this new preparation, is to combine the virtues of Iodine and Iron, and to be deprived of the inky taste of the Iodide of Iron. So this valuable agent may now be administered under an agreeable and palatable form; having the further advantage to be readily assimilated, and to agree admirably well with the most delicate stomachs.

Another improvement is the powerful general stimulant property of the Phosphorus, in the pyrophosphate of Iron, which is also added to the action of the substances above named.

Every Physician and Pharmacist will see at once the real and important value of this new preparation. Their patronage is, therefore, respectfully solicited.

MEDICAL JOURNAL ADVERTISING SHEET.



**LEACH & GREENE'S
STEAM ATOMIZER.**

This Apparatus is offered to the Profession as combining cheapness with perfect safety and efficiency. Its low price brings it within the means of all. Patients will thus be able to procure an apparatus of their own, for use, under the direction of their physician. The atomizing tubes possess an advantage over those commonly used by having flexible metal connections, which give increased strength and also allow adjustment of the points.

Price of complete Apparatus, including Glass Face Shield and two Atomizing Tubes, securely packed, \$3.50. Price of Apparatus without Face Shield, \$2.50.

THE SPRAY PRODUCER—or Instrument for Local Anesthesia—a modification of Richardson's original instrument, applicable or Freezing with Ether or Rhigolene, or for Inhalation in Diseases of the Throat and Lungs. Price of Apparatus, with extra Glass Bergson Tube, \$5.

A NEW APPARATUS for inhaling Chloride of Ammonia in its pure or nascent state, as described in Braithwaite for Jan. 1868.

THUDICHUM'S NASAL DOUCHE for the Treatment of Diseases of the Nasal Cavity. Packed in box, with two Nozzles, \$2.

We have in store a new and carefully selected stock of *Surgical Instruments* of the best quality and finish. The latest improvements and new inventions constantly added.

Ophthalmoscopes — Stellwag's,	Laryngoscopes
Liebreich's, Graefes'	Endoscopes
Otoscopes	Hypodermic Syringes
Ear and Throat Mirrors	Universal "
Chisholm's Inhaler	Holt's Dilator
Fever Thermometers	Thebaud's "
Buttle's Uterine Case	Michelen's "
Storer's Scarificator	Barns' "
" Pessaries	Sayre's Splints for Hip-Joint
Lente's Intra-uterine Instrum'ts	Disease
Cusco's Speculum	Catheters and Bougies of all
Sims's "	Descriptions
Sponge Tents	Rubber Urinals
Obstetrical Cases and Instrum'ts	Elastic Hose—a large assortm't
Amputating " " "	constantly on hand, also made
Pocket " " "	to measure when required.
Eye " " "	Trusses, Supporters and Should-
Camman's Stethoscopes, Articulated and Disarticulated	er Braces in great variety.

Special attention paid to the manufacture and application of Orthopedic Apparatus.

LEACH & GREENE,
Manufacturers and Dealers in

SURGICAL INSTRUMENTS, ELASTIC HOSE, TRUSSES, &c.

No. 2 Tremont Temple,

Ap. 16—1y

Boston, Mass.

ALBANY MEDICAL COLLEGE.—The next Course of Lectures in this College will commence on the first Tuesday in September, and continue sixteen weeks.

Materials for dissection are abundant, and furnished to students on as reasonable terms as at any similar institution in the country. A spacious Hospital has been opened nearly opposite the College, to which students are admitted free of charge.

Clinical Lectures are delivered in the Hospital three days in the week. Surgical Cliniques are held regularly in the Hospital and College.

Professors.

ALDEN MARCH, M.D., Principles and Practice of Surgery.
JAMES McNAUGHTON, M.D., Theory and Practice of Medicine.
JAMES H. ARSBY, M.D., Descriptive and Surgical Anatomy.
JOHN V. P. QUACKENBUSH, M.D., Obstetrics and Diseases of Women and Children.
JACOB S. MOSHER, M.D., Chemistry and Medical Jurisprudence.
S. OAKLEY VANDERPOOL, M.D., General Pathology and Clinical Medicine.
JAMES E. POMFRET, M.D., Physiology.
J. V. LAWRENCE, M.D., Materia Medica.

JACOB S. MOSHER, Reg't.

Ap. 11—4.

CITY PHYSICIAN'S OFFICE, }
Court Square, Boston, Mass. }

THE Subscriber is prepared to supply **VACCINE VIRUS**, of warranted purity, freshness, and reliability, taken from healthy infants, in crusts or on quill points, to physicians in any part of the United States or British Provinces. The quill points are charged with great care, to ensure a sufficient quantity of lymph on each, and are so prepared that it will not chip off, leaving the quill bare and disappointing the vaccinator. Both will be packed for transportation in air-tight envelopes. Ten quills, \$2; one crust, \$3.

By a system of registration adopted at this office, the name of every child from whom virus is taken is recorded, and will accompany each package of quills or crust, so that the source of any particular lot can be traced at once.

All orders answered by return of mail, postage free, and if the quills do not give perfect satisfaction, if notified within ten days, a fresh supply will be sent. Address, WM. READ, M.D.

City Physician, Boston, Mass.

Refers to Editors of this Journal.

Aug. 10.

DR. WADSWORTH'S UTERINE ELEVATOR, or **STEM PRESSARY IMPROVED**.—The Instrument is made of a preparation of India Rubber, that has no lead in it, does not irritate at all the soft parts with which it comes in contact, the application of it is simple and easy, and never fails of keeping the womb in its natural position. It is strongly recommended by 36 of the first-class Physicians in Rhode Island, and by eminent practitioners of medicine in almost every State in the Union.

The following is inserted as a sample:—

Troy, N. Y., Dec. 19, 1867.

H. H. BURRINGTON, Esq.

Dear Sir: Your note of Dec. 16th, in regard to my opinion of WADSWORTH'S UTERINE ELEVATOR, is received. I have no hesitation in recommending the Instrument as a useful one in those cases to which it is adapted. As a support to the womb in cases of anteversion and retroversion, *after the displacement has been reduced*, and where there is no erosion or engorgement of the os and cervix, it has in my experience answered a good purpose. In complete procidentia it is better than any other stem pessary I have ever used; and a good stem pessary, with its point of support at the proper point, *outside the vagina*, is in my opinion far preferable, on many accounts, to any of the various pessaries of hard rubber, ivory, glass, &c., which are wedged into the vagina, and must, if they keep the uterus in position, press more or less severely against the vaginal walls, often occasioning inflammation and fetid discharges, besides not being easily removed and put in position again by the patient. Yours, very truly,

C. L. HUBBELL, M.D.

The shape of the cup, the cavity in the stem and socket, and the method of elevating the womb by means of external support, &c., was patented January 24, 1860.

Price to Physicians, \$5.00, if received with the order; or if o.o.d. cost of collecting added.

A pamphlet, giving a full description of the Instrument and its mode of application, may be had by addressing the proprietor, with stamp enclosed to pay the postage.

H. H. BURRINGTON,
Wholesale and Retail Druggist,
Providence, R. I.

Also for sale by Surgical Instrument Dealers generally.

Mb. 26—4f.

DR. HEATON, 2 Exeter Place, Chauncy Street, Boston, continues to devote special attention to the Radical Cure of Hernia, or Rupture; to the Diseases of Women; and to General Abdominal Pelvic Surgery.

Aug. 6—1f.

College of Physicians and Surgeons,
Corner of 23d Street and Fourth Avenue, New York.
Sixty-Second Session — 1868-69:

FACULTY OF MEDICINE.

EDWARD DELAFIELD, M.D.
President, and Professor Emeritus of Obstetrics.
WILLARD PARKER, M.D.
Professor of Surgery and Surgical Anatomy.
THOMAS M. MARKOE, M.D.
Professor Adjunct of Surgery.
ALONZO CLARK, M.D.
Professor of Pathology and Practical Medicine.
JOHN C. DALTON, M.D.
Professor of Physiology and Microscopic Anatomy.
SAMUEL ST. JOHN, M.D.
Professor of Chemistry.
ERSKINE MASON, M.D.
Demonstrator of Anatomy.

T. GAILLARD THOMAS, M.D.
Professor of Obstetrics and the Diseases of Women and Children.
JOHN T. METCALFE, M.D.
Professor of Clinical Medicine.
HENRY B. SANDS, M.D.
Professor of Anatomy.
FREEMAN J. BUMSTEAD, M.D.
Professor of Venereal Diseases.
D. TILDEN BROWN, M.D.
Lecturer on Psychological Medicine and Medical Jurisprudence.
JAMES W. McLANE, M.D.
Professor of Materia Medica.
GEORGE C. WHELOCK, M.D.
Assistant Demonstrator.

CORPS OF LECTURERS.

C. R. AGNEW, M.D.
Lecturer on Diseases of the Eye and Ear.
FESSENDEN N. OTIS, M.D.
Lecturer on Diseases of the Genito-Urinary Organs
WM. H. DRAPER, M.D.
Lecturer on Diseases of the Kidneys.

JAMES L. LITTLE, M.D.
Lecturer on Operative Surgery and Surgical Drawings.
EDWARD B. DALTON, M.D.
Lecturer on Diseases of the Nervous System.
FRANCIS DELAFIELD, M.D.
Lecturer on Pathological Anatomy.

SPRING COURSE.

The Spring Course for 1868 will commence on Monday, March 16th, and will continue three months. During this time, beside the Cliniques, lectures will be given by the College Corps of Lecturers. Two Didactic Lectures and one Clinique will be given daily during the above course; the subjects treated of in the Didactic Lectures being fully illustrated in the Cliniques.

Students who have matriculated are entitled to attend the Cliniques of the College throughout the year. Attendance on the Didactic Lectures of the Spring Course requires the additional payment of a fee of \$30, or \$5 for each separate course.

Certificates of attendance on this course will be counted as time spent in the study of medicine under the direction of a practitioner.

REGULAR COURSE.

The Regular Course of Lectures for the Session of 1868-9, will commence on Thursday, the first day of October, 1868, and will continue until the following March. This course will consist of from five to six Daily Lectures in the various departments of Medicine and Surgery, both elementary and practical, together with Daily Clinical Lectures, delivered both at the College and at the large Hospitals.

Matriculation Fee, \$5.

Fees for the full Course of Lectures by all the Professors, \$140. For each separate ticket, \$30. Ticket of the Demonstrator of Anatomy, \$10. Graduation Fee, \$30.

 The Tickets are expected to be taken out at the beginning of the session.

Students who have attended two full courses in this College, or who, having attended one full course in some regularly established medical school, shall *subsequently* attend one full course in this College, are admitted to a third course of Lectures on payment of the matriculation fee only.

Graduates of this school are admitted without fee. Graduates of other regular schools who have been in practice three years, and *theological students*, are admitted on general ticket by paying the matriculation fee.

Recent graduates of other regular schools, and students who have already attended two full courses of lectures, are admitted on payment of the matriculation fee and \$70.

Letters requiring information should be directed to the Secretary of the Faculty, College of Physicians and Surgeons, corner of 23d Street and Fourth Avenue, New York.

 Students are requested, on their arrival in the city, to call at the College and register their names with the Clerk, Mr. McLendon who will give them all necessary information, and aid them in obtaining board.
Jan. 2—*slowly*.

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, JUNE 18, 1868.

[Vol. I.—No. 20.]

Original Communications.

CASE OF SUBACUTE RHEUMATISM, COMBINED WITH CHOREA, BRONCHITIS AND ENDOCARDITIS.

By HALL CURTIS, M.D., Boston.

W., 15 years old, a pale, delicate-looking girl, with dark hair and black eyes, who had been somewhat forced in her studies at the grammar school, and during the past three years had been languishing and anæmic, was seen by me Saturday, March 14, at 10, P.M. She had been ailing since Tuesday. I found her on a lounge, in a high fever, complaining of violent headache, sore throat, stiff neck; infra-maxillary glands tender; otalgia of each ear; nothing marked about fauces except injection of mucous membrane. For twenty-four hours she had felt acute pain in sole of left foot, which at base of toes was tender and swollen. No dejection for seven days. Poultice to foot. Castor oil $\mathfrak{zss.}$, and repeat if necessary. Dover's powder gr. x.

Sunday morning.—In bed. Pulse 100. Respiration 32. Temperature 103.8. Had three dejections. Headache gone. Skin less feverish. Tongue with dark-brown coat. Throat red and very sensitive. Seemingly hysterical. No pain in neck or ears. Foot free of pain, but swollen at metatarso-phalangeal articulations. The external malleolus was very sensitive and puffy, but not red. Complains of pain through each shoulder-blade. Cough loose. Sonorous rales through front of right lung. Pleuritic rubbing sounds in left chest. Dover's powder at night; fomentation to ankle; jacket poultice of flaxseed and mustard to chest.

Monday, 9, A.M.—Pulse 104. Respiration 32. Temperature 100.6. Skin moist and warm. Throat natural. Tongue covered with white, flaky fur. Patient in tears; complains of pain in both ankles and knees, with great sensitiveness on pressure; the same with left wrist and elbow; pains through shoulder-blade con-

tinue. Some œdema, without blush, about knees and ankles; the wrist and elbow without œdema, redness or heat. Frequent spasmodic outcries of pain, though the parts are at rest. *Irregular twitching movements of right side of face and right arm.*

5, P.M.—Decubitus dorsal. Quiet, apparently without pain. Skin hot, but with tendency to moisture. Legs painful when moved. Joints of both arms now affected; left arm moved stiffly, without motion in elbow or wrist. Face yellow in patches. Respiration 24 to 32. Pulse 100. Temperature 102.8. Has not micturated since yesterday, twenty-five hours. Dover's powder at 9, P.M., and midnight. Syrupi calcis gtt. x. every four hours. Beef-tea and lemonade. All cotton and linen removed; body clothed in flannel, and laid between blankets. Hot fomentations to hypogastrium.

Tuesday, 9, A.M.—Pulse 102. Respiration 32. Temp. 102.8. Decubitus dorsal. No signs of pain, except now and then, when, in the short and rapidly repeated breathing, she complains of pain above the left mamma. Skin hot and still dry, but more supple, with tendency to moisture. Joints somewhat swollen. No pain in legs, though they feel as if numb. Passed water yesterday and this morning. Says arms are painful, not only in joints, but also in continuity; not so stiff as yesterday. Face flushed on each cheek. Action of heart rapid, with no abnormal sound. Complains, with sighs, of pain, referred to anterior part of chest on breathing or coughing. Coughs now and then, with tracheal râle. Mucous râles at top of left lung posteriorly; in lower portion, pulmonary sounds are perhaps blowing; right side, breathing harsh. Twitching continues to show itself occasionally in right side of face; no irregular movements of arms. *Magnesiæ citratis*; Dover's powder gr. v. at 8 and 12, P.M.; syrupi calcis gtt. xx. every two hours.

Wednesday, 9, A.M.—Pulse 112. Respiration 24 to 28. Temperature 100.5. Had a restless afternoon and night; dreaming during night, with difficulty of breathing.

[Whole No. 2103.]

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Took milk with pleasure. No dejection. Quietly propped up in bed. No pain in limbs. Joints of arm slightly œdematous, but not sensitive. Skin moist and perspiring. Face sallow. Tongue cleaner. Herpetic eruption on lower lip. Her only complaint is of sternal and subclavicular pain. Breathing at times impeded by tracheal mucus. Cough, without sputa. Lung-sounds normal over anterior chest; posteriorly, mucous râles. Heart's action rapid, without murmur. *Magnesia citratis*; Dover's powder at night; *syrupi calcis* as before; squill, tolu and camphor mixture for cough; flaxseed and mustard poultice to chest; champagne, beef-tea, milk and ice cream.

Thursday.—Pulse 108. Respiration 32 to 36. Temperature 100.5. Yesterday, about noon, had very severe pain under left clavicle, which was relieved by mustard poultice, and gradually lessened during the afternoon—ceasing at 8 o'clock, P.M. She then fell asleep, and had a quiet night. Now, without pain. Ankles and legs somewhat swollen. Cardiac sounds normal. Right lung, posteriorly, normal; left lung, healthy respiration heard throughout, with an occasional wet râle, principally at upper and middle portion, and at end of inspiration; no dry râles. Face placid. Tongue clean. Skin moist and warm. Some slight expectoration of a muco-purulent type.

Friday.—Pulse 96. Temperature 99. Respiration 36. Had a good night. No pain. Last evening, again had slight return of pain in left clavicle. Coughs considerably, with bloody, yellow sputa. No cardiac murmur, and feels stronger.

Sunday.—Was restless Saturday, with sudden outbursts expressive of pain in cardiac region. A systolic valvular murmur, loudest at base. The irregular movements have disappeared.

Tuesday.—Has been quite comfortable. Respiration 32. Pulse 88. Temperature 99. Last evening, complained of pain in left wrist; none now. Joints all free from pain. Tongue clean. Appetite good. Coughs but rarely. Cardiac murmur as on Sunday. Omit all former treatment, and to take tincture of muriate of iron gtt. v. in infusion of quassia three times a day.

The connection between rheumatism and chorea has been noted by many observers during this century, the merit of tracing it resting with the English. In 1802 (in the *Essays on Practical Medicine* of Guy's Hospital), rheumatism is positively indicated as one of the causes of chorea; and in the same publication, in 1820, it is established

that the dance of St. Vitus alternates at times with acute articular rheumatism.

In 1821, Copeland (*London Medical Repository*) reported a case of rheumatism and chorea alternating, with subsequent complete paralysis. The autopsy disclosed an effusion in the pericardium and a deposit on the spinal marrow—an extension of rheumatism to the membranes of the cord.

In 1839, Bright brought forward six instances where the coincidence of chorea and acute affections of the heart and pericardium were noticed.

In 1849, the French Academy of Medicine established a concours on chorea. Two memoirs carried off the prize—1st, that of M. Sée (*Rapports du rhumatisme et des maladies du cœur, avec les affections nerveuses et convulsives*); 2d, that of M. Roth (*Histoire de la musculature irresistible, ou de la chorée anormale*.)

Numerous instances have been given by Andral, Bouillaud, Mackintosh, Watson, Todd, Kirkes and Trousseau, in which cardiac affections have caused or been followed by chorea and other spasmodic diseases, and their evidence proves a large number of persons afflicted with chorea had been subject to rheumatic attacks.

Trousseau admits the existence of rheumatic chorea; he has described, in his *clinique*, cases of St. Vitus's dance preceded by rheumatism, or complicated with cardiac affections. He has especially marked out scarlatinal rheumatism as a cause of chorea; and, finally, he regards the law of coincidence of the two diseases "comme acquise à la science, en retranchant ce qu'elle aurait de trop exclusif."

Dr. Sidney Ringu has observed cases of chorea with considerable elevation of the temperature, but without any of the ordinary evidences of rheumatism. He believes such cases may tend to show that even in those in whom there has been no previous evidence of rheumatism it probably existed, but was latent in all respects save that of the elevation of temperature.

We learn from M. Sée:—It is not rare to see joined to the then existing painful affections of the joints a second morbid element, viz., rheumatism of the pericardium, of the endocardium, of the heart, of the pleura and of the peritoneum. There are cases where the first manifestation is sometimes chorea, at times cardiac; others, more frequent, where rheumatism appears first. Others, again, where it is impossible, either from the simultaneous appearance of two of the complications, or from fault in taking the case, to know under what head it should be placed.

In the immense majority of cases—five times out of seven (M. Sée)—the rheumatism appears first, the irregular muscular movements appearing as the fever falls. M. Sée gives thirty-seven cases in which the rheumatism preceded the chorea, and five only where the chorea appeared first. Thus it is principally when the rheumatic attack has lost its violence, used up in its attack upon the joints, that it is developed in the nervous system. Moreover, slight, benign attacks of rheumatism are more frequently complicated with chorea than the violently inflammatory ones. In a large number of choreic children, the rheumatic affection may have shown itself only in vague pains, of doubtful site, often unappreciated, and generally attributed to the growth (growing pains).

This mingling of rheumatism and chorea is almost entirely confined to children. Trousseau, Botrel and Sée have given some instances occurring in young women; some are also given by English writers. But, what for adults is the exception is for children the rule—from the excitability of the nervous system in childhood.

In the *Archives Gén. de Médecine*, 1866, '67, '68, has appeared a very elaborate, as yet uncompleted description of these diseases, from the pen of Dr. Henri Roger (Hôpital des Enfants), entitled "*Recherches Cliniques sur la Chorée, sur la Rhumatisme et sur les Maladies du Cœur chez les Enfants*," with 77 fully described cases. He draws the following conclusions:—

1st. Rheumatism, contrary to general opinion, is by no means rare in young people. It is not a disease of the new-born or of nurslings, nor usually found before the fifth year of life. After that it becomes almost as common as with adults. Its most frequent cause is dampness, with cold. Scarletinal rheumatism is almost always brought out by exposure to cold—limited usually to the hands and neck, the parts of the body not covered by bedding. Acute torticollis is the appanage of children, as lumbago is of adults. With children, rheumatism appears generally in a *subacute* form; yet its complications are as severe as with adults—a slight rheumatic attack hardly implicating one or two joints. Even simple rheumatic pains may be complicated with endo-pericarditis of the gravest character, and give rise also to pulmonary congestion and chorea.

As with adults, cardiac complications are the most frequent, so much so that the coincidence of rheumatism and carditis is a law. In some cases, the cardiac affection commences the series of the rheumatic de-

range. When the rheumatism is complicated with peri- or endo-carditis, there is often a left pleurisy, at times a double pleurisy. Cerebral rheumatism is less frequent and more benign in the young than in the adult, and shown only when the rheumatism existed with chorea.

2d. Chorea is a complication of rheumatism peculiar to youth, whose near relationship is proved by those cases where it has appeared during the convalescence or shortly after the cure of a rheumatic attack; by those cases of rheumatism complicated with chorea in the height of the attack, or even from its very commencement; by those cases of coincidence and alternation of the rheumatism and the chorea.

At the same time, there is a certain antagonism between the two diseases—regarding their violence—for very acute rheumatism affecting many joints, is complicated generally at its commencement, or in its course, with cardiac affections, and not with chorea—or if this appears, it is limited in extent, is feebly marked and transitory.

On the contrary, a slight attack of rheumatism becomes joined by a chorea whose course is long, whose manifestations violent. Our views of the frequency with which chorea follows rheumatism in infancy, should affect our prognosis of the latter disease. A child with rheumatism is always in danger of chorea, and each of these affections is equally prone to cardiac or pulmonary complications.

M. Roger closes one of his memoirs, saying:—"The history and description of rheumatism can no longer be treated without including St. Vitus's dance as an important element, and all writers on chorea will necessarily be obliged to mention its rheumatic type."

INGROWING TOE-NAIL.

MR. EDITOR,—In reading the Boston Medical and Surgical Journal for many years, I have noticed several ways of treating ingrowing toe-nail. I have practised the following method for a long time with perfect success. Take caustic potash and burn down the growth at the side of the nail; then apply the caustic to such a portion of the nail as you wish to remove, being careful not to injure the matrix. In a few days you can wipe off the section of the nail, it having been dissolved by the caustic, leaving the surface smooth and healthy for the nail to grow over. Very little pain attends the operation.

S. B. KELLY.

Franklin, N. H., March 20, 1868.

IMMATURE OBSERVATIONS.

By GEO. B. WILLSON,* M.D., Port Huron, Mich.

THERE is incalculable injury done the profession every little while whenever a new remedy is introduced, by a host of superficial observers and ready writers, who rush into print through the medical journals to give their evidence in favor of the efficacy of the new medicine in every conceivable form of disease or injury. In many cases—nay, I might say in a majority—the writers have only tried the remedy once or twice, and then, instead of waiting to see if the cure be permanent or not, they publish a report of it, perhaps the same day; very often, at all events, while the patient is yet in the convalescent state and before recovery is complete. The report of cases in such a manner, or even very soon after what is regarded as complete recovery, is highly reprehensible. These persons seem fearful that some one else may have had a similar case and will publish it before they do. But it is with regard to new remedies, or the trial of old remedies in some new way, that the greatest nuisance arises. It will be recollected how, on the introduction of glycerine into general use a few years ago, the journals were crammed to overflowing with accounts of its wonderful effects and the variety of its applications. From every part of the country, and in every medical journal, and in every number of every journal for about a year, there came accounts of the uses made of glycerine, and of its efficacy in diseases when applied externally or exhibited internally. It is no exaggeration to say that it was recommended in every disease ever heard of as prevailing in this country. As an external application in skin diseases of every kind there came reports of its trial with successful results. Its soothing and anodyne properties as an eye wash devoid of all irritation were duly vouched for; and its efficacy, in short, in every disease, not excepting consumption, in which some one found it an excellent substitute for cod liver oil. Any one giving credence to one half of what was written about it could come to no other conclusion than that nearly or quite one half of the *Materia Medica* could now be dispensed with and glycerine substituted. Amid all this flood of positive evidence not one word of negative found its way, nor even to this day, though hundreds must have seen the fallacy of most of the statements, has there been any thing of the negative kind published. Now where such a course is pur-

sued about a remedy, and every new remedy goes through the same round that glycerine has, how is one to know from journals or books what the remedy is good for at all? To say that a remedy is equally good for every thing, is to say that it is really good for nothing. Most of those letters and notices concerning its varied powers were written after only one successful case. At the present time, and then also, a chapter of negative evidence on the effects of glycerine and kindred articles was much more needed than that of a positive kind. To such an extent has this mistake been carried, that the same is true of almost every article of the *Materia Medica*. The most valuable paper that could be published on any one of them would be an enumeration of what it would *not* do.

The very valuable medicine perchloride of iron had to run the gauntlet like glycerine, and came near being swamped with the flood of evidence in its favor. Both of these articles now require a long chapter of negative evidence to restore them to their proper place and estimation. But in fact every article of the *Materia Medica* needs the same. As an instance of the confusion to which so much positive evidence leads, I give my own experience:—A few years ago I was appointed by our State Society chairman of a committee to report on the *action of quinine*. I set about my task by attempting to collect and classify what had been written on the subject, but I soon found that impossible. I became satisfied that I could produce good authority (members of the profession in good standing) proving it to possess almost every power attributed to each of the common classes of medicine, and also proving it to be a specific in every disease of the nosology, and in every stage of each disease. There was little or no conflicting evidence to be found—all the evidence was of the positive kind. There were one or two writers who ventured a negative as to its exhibition in large doses in the second stage of typhoid and continued fevers, but their opinions met with much opposition from other observers. Hence quinine had all powers and virtues, and cured all diseases, and was admissible and desirable in every stage and every condition of every disease. This was the inevitable conclusion derived from consulting the written authorities—text books, monographs, and medical periodicals. What was I to do under such circumstances? To give the amount of our knowledge on the action and virtues of quinine as derived from positive evidence would require

* Now deceased.

a volume. Acknowledging my inability therefore to do justice to the subject, I began to write down what I thought quinine would *not* do. The chapter of positive evidence was full; it would do everything. The chapter of negative evidence was a blank, so I commenced the filling of it. I could get no assistance in that work; I had merely to write from my own experience and observation. But my observations were so limited that I did not deem them worthy of presentation.

Let any one take any other valuable remedy and see if he does not meet with the same difficulty that I did with quinine. We really know less of the therapeutic powers of our valuable medicines now than we did ten years ago—and why? Because what we knew then, and what we have learned since, is so overrun with unreliable statements that we find it impossible to separate the true from the false: About two years ago a physician reported in a journal that he found lupulin to be a specific for *delirium tremens*. He gave it in large doses, having in one instance given as high as six pounds! The enormous dose caused some parties to make inquiry for further information, which came in the next issue of the journal, to the effect, that not the lupulin itself, but a tincture made with six ounces of lupulin, and six pints of brandy, had been given!

I also saw it stated in one or two journals that gonorrhœa could be cured effectually in forty-eight hours by extract of conium, administered in twelve grain doses every two hours. Notwithstanding the enormous doses, the editors never expressed suspicion or gave a hint of caution. And to this day I have not seen a contradiction or explanation of the statement.

Again, wonderful cures of every disease were effected all over the country by tincture of cannabis Indica during the first few months after its introduction. Where are they now? Those who reported most of them could not tell the effects of the medicine from the workings of nature, and so became discoverers, and must needs astonish the world forthwith by publishing their discoveries.

I could publish a long list of negative evidence with regard to cannabis Indica, but it is unnecessary now as the article seems to be sinking into obscurity. Of perchloride of iron, too, a long list of negative evidence is wanted. The article is a valuable one, and ought to be disencumbered from the trash that correspondents have heaped upon it.

"ITCH INSECT."

MR. EDITOR,—In the London *Lancet* for April 4th, Dr. C. Hilton Fagge, who has translated Prof. Hebra's work on Cutaneous Diseases for the New Sydenham Society, gives a new method for the diagnosis of scabies, which I think will assist my friend Dr. J. C. White and myself in our efforts to eradicate, at least from the minds of our professional brethren, the idea that there exists a disease called, during the rebellion, the *army itch*; or, in other words, that the *itch* exists without a *sarcoptes hominis* as its cause.

Physicians generally, as well as professed dermatologists, know how difficult it often is to find the itch insect, without seeing which your medical brother who sends or brings the case to you will not believe in the truth of your diagnosis. Now this is especially the case when the insect has been for some time annoying the patient, and we have a variety of appearances, such as inflamed patches, vesicles, pustules and crusts, then fresh burrows of acari are not so readily found. Dr. Fagge has therefore taken some of the crusts and boiled them in a solution of caustic soda (3ss. of solid hydrate to 3i. water) till they were in great part dissolved. He then allows the fluid to settle, pours off the supernatant liquid, and proceeds to examine the flocculent deposit. He has thus found the acari, or rather skeletons, so to speak, in a most perfect condition. In one case he took about as much of the crusts from the forearms and hands as would cover a shilling piece, and treating it as above, found in not more than half of the boiled residue twelve acari and five eggs. He thinks the acari were alive in the crusts, which, if so, of course proves that these latter may be a means of contagion, heretofore not positively decided. Dr. Fagge found the young six-legged mite in this manner, and thinks the male acarus may also so be found.

The dermatologist accustomed to seeing the ravages of the itch insect, and the ravages which the patients have produced on their skin from the constant scratching which the itching calls for, needs but rarely the corroborative evidence of the animal itself, for to a practised eye the *terrain* implicated determines the diagnosis. Nevertheless the above method of search is new and valuable.

B. JOY JEFFRIES.

DR. C. R. AGNEW has been elected ophthalmic surgeon to the Nursery and Child's Hospital, New York.

REGISTRATION OF DEATHS, &c.

By CHARLES E. BUCKINGHAM, M.D.

My article of the 14th of May has brought out two commentaries. The first was by Dr. Derby, in the JOURNAL of the 28th of May. His position is, that registration is desirable, which is granted, provided that proper means be taken to make the registration correct. I contend that such means are not taken, and that so long as those means are not taken, "the law as it stands is of very little value."

The second commentary is by A., who ought to have put his name to it, in the JOURNAL of June 4th. He says:—

"Now, whatever the letter of the law may express, no physician is ever required, or expected, to furnish a certificate under such circumstances, after such facts are communicated to the person soliciting it; nor would such physician hazard one infinitesimal chance in a thousand by merely saying that the patient was not his at the time of death. A simpler step to get rid of the annoyance could hardly be imagined."

The positive statement "no physician is ever," &c., would indicate the writer as one in authority, who knows what he speaks of, or thinks he knows. I have only to say, in reply, that I have been called upon, under such circumstances, over and over again, when the undertaker knew that I had not been in attendance at the time of the patient's death, and that I knew of the death only by his statement.

A.'s second point is, "there may be data by which a physician can determine the cause of death as accurately as if he had been in attendance from the commencement of the illness to the decease of the subject." To this I can only reply, that however competent A. may be to testify in such matters, I have not acquired the ability to give a positive statement of fact upon hearsay evidence.

Again. A. asks:—

"With regard to the request made of Dr. B. to fill a certificate of a former patient who had subsequently sought the healing art of a spiritual medium, it might not be out of place to ask, if the request did not cease the moment the Doctor was pleased to inform the undertaker of the fall of his quondam patient from medical grace?"

To this question the answer is—No. Furthermore, Dr. B. was asked to state his reason for the refusal in writing, and declined, hoping that he might be enabled to bring the matter before court, and that, as a

consequence, the law might be purged of some of its absurdities, which duty hitherto the Legislature has refused to perform. Perhaps it is as well that the Legislature have not meddled with it this year, or they might make a penalty for attending the sick, just as they have made it a prison offence to *kill an ox*!

As I stated in my first article—"In the other case, two physicians were in attendance after me, and I had been confined by sickness for weeks before the man's death." This was known to the undertaker, who was informed of the fact at my own house, while I was sick, but who came twice, hoping that I should reconsider my refusal, and state as a fact that Mr. — died on a certain day, at a certain age, of a certain disease which had existed a certain time, when he knew that I had only his evidence that Mr. — had died while I was sick in bed.

A. is not certain that he understands the object of my remarks in the JOURNAL of May 14th, "but the main drift of them, however, seems to be in opposition to the *present* registration law." With the italicism, A. is correct. But there was another object—to call the attention of medical men to the fact that many of them are in the habit of signing statements too loosely, and that the day will yet come when "the signer of such certificate will find himself cornered by an attorney," in a most just as well as ludicrous manner.

The law, with all deference to A.'s statement, does by its letter require more than the certificate of the last attendant, and it imposes an absurd penalty upon him, and upon any other physician who may have been in attendance.

The closing paragraph of A.'s article, with certain amendments, I would most surely assent to, and it should read as follows:—

"The law could do no better than to exact a certificate from attending physicians, containing the facts already stated; and to be of any value it could not do less: and it should not require anything else. The facts brought together and expressed in the manner provided by a proper registration law, would be a collection of facts capable of general application and of public benefit. One would naturally suppose that physicians, above all other professional men, would readily perceive the value of the object which the law in question was designed to effect, and would be unwilling to place any obstructions in the way of pro-

perly carrying out a proper law in its spirit. Indeed, it does not seem too much to expect that they would submit to a little trial of their patience, and a slight expenditure of time, if need be, to help along the good work."

Some two or three years ago, one of the Boston members of the Legislature made an attempt to have the law amended, but could not succeed. Had it been an attempt to waste the money of the State, or to tax or injure the property of the City of Boston, perhaps he might have been successful.

Hospital Reports.

BOSTON CITY HOSPITAL.

Notes of Operations for the Month of April, 1868. Reported by F. W. DRAFER, House-Surgeon.

CASE I.—Compound and Comminuted Fracture of the Femur; Amputation of the Thigh. (Service of Dr. GEO. DERBY.)—M. K. S., laborer, aged 37, a strong, robust, healthy man, while engaged in loading heavy logs, was thrown violently upon the frozen ground from the top of his cart, a distance of seven feet. He received, upon falling on his back, the full force of a blow from one of the logs, which followed him from the top of the load, striking him upon the anterior of both thighs. He was brought five miles, in an express wagon, over a rough road, to the hospital, and on his arrival was in a condition of extreme prostration. Upon examination, it was found that the left femur was very much broken up in its lower third. The soft tissues were pulpified and disintegrated. Slight hæmorrhage through a small compound opening was checked by pressure. The extreme shock contraindicated immediate operation. After four hours, stimulants having been meanwhile freely administered, there appeared to be sufficient reaction to warrant the proceeding, and the thigh was amputated at the junction of the middle and upper thirds, by the circular method. The consequent hæmorrhage was slight. There was no good reaction subsequently. The patient continued collapsed, stimulants failing to produce their effect. He continued to sink, and died, thirty-six hours after the amputation.

The femur was examined, and found to be very extensively broken up, the condyles being fissured in all directions, and the knee-joint freely opened.

CASE II.—Strangulated Inguinal Hernia. (Service of Dr. CHEEVER.)—C. B., a healthy

male, aged 23, had had an oblique inguinal hernia during the last ten years, but had never had much trouble with it, and had not worn a truss. Twenty-seven hours before entrance to hospital, the hernia became strangulated, giving rise to vomiting, acute abdominal pain and general distress. At the time of admission, the scrotum was swollen to the size of a cocoa-nut, and was red and cedematous. The pulse was 116, full and strong.

Operation.—Patient etherized, and parts shaved. An incision, five inches long, was made, extending from Poupart's ligament downward along side of the scrotum. The tissues of the scrotum were found to be cedematous in considerable degree. On making an incision into the sac, six ounces of serum escaped, and the strangulated intestine was observed lying in close relation with the testicle, and in the same cavity, thus demonstrating the hernia to be congenital. On passing up the index finger, the constriction was found to be at the internal ring. About twelve inches of intestine had passed through the rings, and all that was exposed was of a chocolate or mulberry color, tense and shining. At the internal ring, a portion seemed fastened tightly, being held by what appeared to be fecal matter. The stricture at the internal ring was divided, with some difficulty, with a probe-pointed hernia-knife, on the index finger, as a director. The intestine was slowly returned. Very little hæmorrhage, and no ligature required.

Continued very comfortable, without pain or tenderness in the abdomen, until twenty-four hours after the operation, when a slight degree of tenderness began to be developed in the left inguinal region, accompanied by scanty and frequent sanguineous dejections. Morphine sulph. was administered subcutaneously p. r. n. Pain, tympanites and delirium succeeded, and the patient died sixty-five hours after the operation. No autopsy.

CASE III.—Epithelioma. (Service of Dr. DERBY.)—S. D., female, aged 79, first noticed a small wart-like excrescence on lower lip four months ago. It slowly developed until recently, when its growth has been rapid, and it is now of the size of a filbert. The whole mass was excised, under ether, by a V-shaped incision, and the patient discharged, nearly well, nine days after.

CASE IV.—Amputation of Forearm. (Service of Dr. GEO. DERBY.)—M. R., aged 51, cutler, dates his disability to the bite of a black spider, six months ago. For this injury, the index finger of one hand was am-

putated, because, as he reports, in consequence of the sting, the finger became mortified. Following the amputation, came necrosis of the metacarpal bone of the same finger; this bone was removed, but the recovery was slow. Unhealthy, indolent ulcerations persisted about the seat of the operation, and he was discharged at that time, with three or four small ulcers on the dorsum of the hand. After three months, he again enters the hospital. The ulcers, in the interval, have spread and united, and the whole external aspect of the hand presents an indolently granulating surface. Mobility in all the fingers of the affected hand is greatly impaired, but not wholly lost. The patient earnestly desires amputation, preferring the loss of the entire hand to any risk from the attempt to save a portion of it.

The forearm was amputated April 24th, by the circular method, with skin flap. The loss of blood was inconsiderable. Cold-water dressing the first two days, was succeeded by carbolic-acid lotion of a strength of 3iss. to the pint of water. The healing process has progressed very favorably up to the present date.

CASE V.—*Polypus Uteri; Excision.* (Service of Dr. GEO. DERBY.)—C. C., aged 37, domestic, unmarried, observed, about a year ago, an unusual discharge from the vagina, immediately preceding the regular catamenial flow. It was sometimes of a dark-brown color, and at others light red, and in either case was, as she thought, distinct from the menstrual discharge, which has always been regular. The patient had always been healthy and robust, but the repeated flowing had reduced her considerably. Her continued discharge, as well as the almost incessant pain and bearing-down sensation in her back and loins, led her to seek advice at the hospital. Through the abdominal walls, in the median line and just above the pubes, a round tumor was observed, as large as the fist. On examination *per vaginam*, there was discovered a firm, ovoid, elastic, movable tumor, filling the upper half of the vagina. Neither the os uteri nor the attachment of the tumor could be felt or seen on examination under ether, with the aid of the lever speculum and the hand introduced into the vagina. She remained in a horizontal posture, in bed, three weeks, remedies being administered, in the interval, to support the strength and promote the normal functions. The increasing debility, the natural consequence of the repeated flowings which had continued, made operative interference im-

perative. It was accordingly determined to remove the tumor by means of the *ecraseur*. The patient was etherized, and placed in the lithotomy position, with the hips elevated, and the thighs well apart. The tumor in the vagina, being exposed by means of retractors, was seized by *vulsellum* forceps and held firmly. It lay in the cavity of the vagina, now completely filling it, and with its most pendent portion just within the external orifice. The chain of an *ecraseur* was passed, with much difficulty, over the posterior face of the tumor, and engaged around the whole mass as far up in the vagina as it was possible to carry it. By slow turns, the growth was torn through until a pedicle of less than an inch remained; at this stage, the chain broke near the point of section. A second instrument was adjusted, and the tumor was then cut through effectually. Its removal from the vagina was then accomplished by means of *vulsella*, with some difficulty. Very considerable hæmorrhage followed. It was controlled by *liq. ferri perchlor.*, and the vagina was plugged with sponges.

The tumor was found to be fibrous, attached to the inside of the body of the uterus, and its pedicle, passing through the cervix, was divided very near the os tincae. The portion removed was ovoid, and weighed twelve ounces Troy. Its longitudinal axis measured six inches, and its lateral four and a half inches; and the diameter at the point of section was three and a half inches.

The patient recovered from the effects of the operation without unfavorable symptoms. The reaction was early and sufficiently complete. The sponges were removed from the vagina the next day, and a vaginal injection of diluted *liq. sodæ chlorinatæ* ordered. There was no pain, and the patient felt much relieved, her previous symptoms having subsided. Catheterized twice daily. On the fourth day, she had a chill. On vaginal examination, the stump of the polypus appeared to have descended through the os uteri considerably, and to protrude an inch or more. Purulent discharge from vagina abundant. On the fifth day, nausea and vomiting became quite troublesome. Various antispasmodics failed to control it. Takes liquid diet—milk, arrowroot, egg nogg, &c. On the sixth day, the tumor had disappeared from above the pubes, and the growth occupied very nearly the same position in the vagina with that of the mass removed. Vomiting continues. Debility very marked. Beef-tea enemata, with 3ss. *spiritus frumenti*, were

given every two hours, and retained without inconvenience. In the morning of the seventh day, it was evident that the patient was sinking rapidly. The pulse was 140, and scarcely perceptible at the wrist. All efforts at stimulation were ineffectual, and the patient died.

A *post-mortem* vaginal examination was made. The hand was passed through the vagina and into the cavity of the uterus. The os uteri was completely patulous. The tumor was entirely disintegrated, and was sloughy throughout. Its origin in the uterus was determined to be in the anterior wall of the body of that organ, by a pedicle two inches broad, embracing the anterior third of the body; the posterior wall was wholly free. The patient evidently died from purulent infection. No further *post-mortem* examination could be made.

CASE VI.—*Complicated Hare-lip*. (Service of Dr. GEO. DERBY.)—C. M., an unhealthy female infant of eight weeks, had a congenital hare-lip of one side, complicated with a very extensive fissure of the palate. The upper lip was freely dissected up on each side of the fissure, and the edges of the fissure were refreshed by a V-shaped incision. The edges were approximated and held by silk sutures passed deeply, supported by an adhesive strap. Good recovery in fourteen days.

CASE VII.—*Double Hydrocele*. (Service of Dr. GEO. DERBY.)—R. P., aged 58, laborer. Scrotum began to distend a year ago, on the right side, and shortly afterwards on the left. It had continued to fill, until, at the time of entrance, it was nearly as large as the patient's head. It was tapped with a small-sized trochar, and thirty-five ounces of straw-colored serum were withdrawn. The epididymus was found considerably enlarged and indurated. The scrotum began directly to refill, and after three weeks it was tapped again, and eight ounces of fluid removed. The tendency to refill seemed to be stayed by the second operation.

AN OLD RELIC.—On the 8th of February last, M. Couvreur, a surgeon of St. Hilaire (Meuse), was successful in extracting a musket-ball from the leg of M. Goubeaux, a retired grenadier of the Old Guard of Napoleon I. M. Goubeaux had received his wound at the battle of Waterloo, and several previous attempts had been unsuccessfully made to extract the missile.—*New York Medical Record*.

VOL. I.—No. 20A

Reports of Medical Societies.

ESSEX NORTH DISTRICT MEDICAL SOCIETY.

G. W. GARLAND, M.D., SECRETARY.

DR. WILLIAM COGSWELL, of Bradford, reported a case of spurious ankylosis of the shoulder-joint of long standing, caused by a fall forward, striking, or catching hold of an object above the head with the hand. The arm had been suspended and confined to the chest for months—ankylosis the result.

A careful examination could not detect the least motion of the joint. Drs. Cogswell and How administered ether, and broke up or overcame the contraction of the muscles, tendons or aponeuroses. Although no apparent change in the form of the joint could be seen or detected, yet when the joint was forcibly extended, a snap was heard by the surgeons, so startling that for a moment they supposed they had fractured the humerus. Passive motion of the joint was daily made, and the result was the recovery of almost complete usefulness of the joint.

On the Revulsive Action of Diuresis in Diseases of Infants. By G. W. GARLAND.—Observation has taught us that the first palpable effect of irritation, both general and local, is to diminish intestinal and urinary secretion; that immediately following this a febrile state appears, which, if allowed to continue, may quickly produce alarming symptoms, and in young subjects cerebral disturbance is among the earliest.

Dentition is the most prolific source of irritation in children, and its early effect on the renal secretion has not received that attention which it demands; neither has the revulsive action of diuresis on the irritative fever of dentition, or its effect as a preventive of alarming symptoms been pointed out by recent authors as it should be.

We may safely affirm that there is but little danger from dentition so long as the kidneys act freely, however distressing the symptoms may be. The same remark will hold true in most cerebral affections of children produced from sympathy.

In health, the kidneys are carrying on an active eliminative process, and the skillful physician will avail himself of it in treating all diseases, particularly those numerous and varied febrile affections of children during the first two or three years of their lives.

When a physician of experience finds a

little sufferer lying in a half comatose state, turning its head from side to side, he learns, with infinite anxiety, that the patient has not passed urine for the last twenty-four hours. In our judgment, this moment of intense concern and point of imminent danger may be avoided, many times, by *early* and *repeated* stimulation of the kidneys. A diuresis which will *often* prove critical, and will always be followed by the very best results, may be promoted almost at once by the cathartic action of a full dose of Rochelle salts, followed by repeated doses of nitrate of potassa—the most simple as well as the most efficient means that can be resorted to. We would not preclude all other treatment. Mucilages and sedatives are important, and indeed must never be wholly dispensed with, but my late experience with potassa has made it a hobby with me in the *early* symptoms of dentition.

Dr. William Cogswell remarked that he was in the habit of giving salines and following them with iodide of potassium, or bromide of potassium where there was wakefulness, with marked results.

Case of Labor, with Twins. By Dr. J. C. How, of Haverhill.—An examination *per vaginam* revealed a breech presentation. The body of the child was soon expelled, and an attempt to deliver the head also revealed the presence of the head of a second child, with the vertex resting upon the left shoulder of the first child. The left ear of the first child was opposed to the left ear of the second, with occiputs inclined to the pubic arch, and *thus locked were in the pelvis*. The head of each child was, so to speak, imbedded in its fellow's neck, and without any change of position they were expelled.

Dr. How remarked that he had consulted many authors, but found only one case reported in which the two heads occupied the pelvis together and were naturally expelled; this case was reported by Dr. Allen, in the *Medical and Surgical Journal*, vol. xii., page 366, and is referred to by Ramsbotham and Ferguson. In Dr. How's case there was but one placenta, the funis having a common origin, and bifurcating at about two inches from its insertion. The children were stillborn, and were of medium size.

Purpura Hæmorrhagica. By Dr. OLIVER S. LOVEJOY.—Mrs. H., aged 18, was delivered of a healthy child, Nov. 29, 1866; had a good recovery, and nursed her child till the following autumn. In September, 1867, she became pregnant again, and soon

after began to have scrofulous swellings on the sides of the neck, breasts, &c. Previous to January, 1868, she had consulted several physicians, with no apparent benefit. I saw her occasionally during the months of January, February and March, at my office. March 23d, was called to the house, and found her bleeding from the gums and fauces. One week previous, had had a severe attack of flowing.

March 24th.—Bleeding from nose, and was obliged to resort to plugging.

25th.—Same.

26th.—Bleeding from gums and fauces.

27th.—Same.

28th to 31st.—Bleeding from nose, gums and fauces.

April 1st.—Bleeding from sore on the face and eyelids.

2d.—Very severe bleeding from the nose. Was seen by Dr. J. C. How, in consultation.

3d.—No bleeding from the nose, gums or fauces, but is vomiting large quantities of blood from the stomach. Was seen by Dr. Wm. Cogswell, of Bradford, in consultation.

4th.—Bleeding from the lungs.

The morning of the 5th, no bleeding, but is sinking rapidly. From 12, M., to 9, P.M., no pulse, but has her reason fully. At about 9½ o'clock, P.M., labor sets in, and at 10½ o'clock, is delivered of a dead child. At the usual time after birth, after-pains came on quite severely. Died at 1 o'clock, A.M., of the 6th, 2½ hours from the birth. There were a number of blood-spots seen under the skin.

RHODE ISLAND MEDICAL SOCIETY.

THE fifty-seventh annual meeting of the Rhode Island Medical Society was held at Providence, Wednesday, June 10th. The meeting was called to order at 10½ o'clock, the President, Dr. Otis Bullock, of Warren, in the chair. Reports of various committees were presented and accepted.

Dr. Bullock declined a re-election as President, and Dr. J. W. C. Ely was elected President for the ensuing year. The election was completed by the choice of the following officers:—*Vice Presidents*—Dr. George L. Collins, Dr. Lloyd Morton. *Recording Secretary*—Dr. George E. Mason. *Corresponding Secretary*—Dr. C. W. Parsons. *Treasurer*—Dr. T. K. Newhall. *Censors*—Drs. Dunn, Eldridge, Maurant, Gardner, Morton, Fabyan, Ballou, Clapp and Bullock.

Bibliographical Notices.

The report of the Trustees of the Fiske Fund showed a balance on hand of \$629.92. Premiums of \$100 each were offered for the best dissertations on the following subjects :

1. The Bromides : their Physiological Effects and Therapeutical Uses.
2. Cerebro-spinal Meningitis—Pathology and Treatment.
3. Graves's Disease (so called)—Pathology and Treatment.
4. Carbolic Acid—its Therapeutical and Hygienic Uses.

The annual oration was delivered in an eloquent and effective manner, by Dr. Geo. E. Mason, of Providence, on "Hysteria," and was listened to with much interest and satisfaction. At five minutes before two o'clock, the Society adjourned.

The semi-annual meeting in December, will be held in Providence.

NEW HAMPSHIRE MEDICAL SOCIETY.

THE seventy-eighth annual meeting of the New Hampshire Medical Society was held at Manchester, N. H., on June 2d and 3d, 1868. A large number of Fellows were present. Twelve new members were admitted upon recommendation of the Council. The Annual Address was delivered by the President, Dr. Robinson, of Concord. Reports were read by Dr. Conn, of Concord, delegate to Vermont Medical Society ; by Dr. Hill, of Dover, delegate to Maine Medical Society ; and by Dr. Wheeler, of Dover, delegate to Dartmouth College. Dr. Peabody, of Epsom, read a paper upon the Practice of Medicine ; Dr. Pray, of Dover, one upon the Thermometry of Diseases ; Dr. Whipple, of New London, one upon Prosecutions of Medical Men. Dr. Wheeler, of Dover, gave an oration upon Medical Diagnosis, and Dr. How, of Manchester, one upon Medical Education. The officers elected for the following year were :—*President*—Dr. L. G. Hill, of Dover. *Vice President*—Dr. Wm. H. Brown, of Manchester. *Secretary*—Dr. C. F. P. Hildreth, of Suncook. *Treasurer*—Dr. Thomas Wheat, of Manchester. The next annual meeting will be held at Concord upon the third Tuesday of June, 1869.

CINNABAR, of a beautiful vermilion color, is found in an unusual form in Idaho, being abundantly spread throughout a gangue so massive, compact and homogeneous, that specimens may be cut and polished like marble.

The Economy of the Animal Kingdom, considered Anatomically, Physically and Philosophically. By EMANUEL SWEDENBORG. Translated from the Latin by Rev. AUGUSTUS CLISSOLD, M.A. Two vols. 8vo. Pp. 564-432. Boston : T. H. Carter & Son. 1868.

THE age of dreamers is not past ; nor is the occupation of the seer obsolete. More and more, year by year, we are reminded how all things repeat themselves, as we see old fallacies revived, and old theories revamped for the modern market.

But the age of the dreamer in science is passed away. It is too late for mysticism in realities. The crucial test of experiment shivers the alembic of the middle-age chemist searching for the philosopher's stone. The microscope has so far quickened our vision that we can see through delusions. Anatomy is positive ; chemistry infallible ; physiology unerring, when once found out. Facts ruin theories. Physics overpower metaphysics.

The book whose title heads this notice is as much out of place in our world of to-day, as an illuminated missal would be in a modern printing office. It is quite as useless. It is an odd jumble of the older theories of physiology, held together in a barely coherent whole by philosophical platitudes and false deductions, unsustained by facts. To reproduce it in this age is to reproduce rubbish.

Those who live to dream may find in the so-called theology of Swedenborg enough material for the exercise of their credulity. Those who live to learn and to labor for truth, would brush away his empty theories of science, as the dust and cobwebs of a period which can never return to us.

NEURINE FORMED SYNTHETICALLY.—In a memoir quite recently presented to the French Academy, M. Wurtz communicated some further researches on this point. He has now succeeded in demonstrating that the synthetical neurine is identical with that prepared from ordinary brain substance. He bases this identity on the fact that the chemical reaction and crystalline form of the two substances are exactly the same.—*Medical Times and Gazette.*

Medical and Surgical Journal.

BOSTON: THURSDAY, JUNE 18, 1868.

ANDERSONVILLE, FROM A CONFEDERATE ACCOUNT.

THE last two hundred pages of the volume of the U. S. Sanitary Memoirs, from which we recently quoted,* is devoted to a Confederate account of Andersonville.

"The third and concluding section of this volume is devoted to a Report by Prof. Joseph Jones, M.D., of investigations relating to the diseases, mortality, &c., at the military prison in Andersonville, Ga. These investigations, undertaken at the instance of Prof. Jones, were prosecuted under the authority of the Surgeon-General of the Confederate Army. As an Official Report, by a Confederate medical officer, this section will have interest for all classes of readers. For the medical reader it will be valuable as a record of facts showing the relations between the prevailing diseases and the mortality at the Andersonville prison, and the morbid influences to which the prisoners were exposed."

So says Dr. Flint, in his introduction to Section Third, which is entitled—"Investigations upon the Diseases of the Federal Prisoners confined in Andersonville, Ga., &c., by Joseph Jones, M.D., Professor of Physiology and Pathology in the University of Nashville, and formerly Surg. in the Provisional Army of the Confederate States."

"Hearing of the unusual mortality amongst the Federal prisoners confined at Andersonville," says Dr. Jones, "I expressed, during an official visit to Richmond, Va., in the month of August, 1864, to the Surg.-General, S. P. Moore, C.S.A., a desire to visit Camp Sumpter, with the design of instituting a series of inquiries upon the nature and causes of the prevailing diseases."

In pursuance of this plan, Dr. Jones had entire authority given him, and prosecuted his work very thoroughly. We have all the official documents given, as well as the testimony of Dr. Jones, taken at Washington. While, of course, we may make allowances for the point of view from which these observations were made, and dissent from

some of the arguments used in justification of the Confederate authorities, we must admit that all the statements have the air of candor and truth.

Dr. Jones first gives a thorough description of the topography of Andersonville, and of the natural products of the country. It appears that the whole stockade, or prison, covered *twenty-seven* acres, and that the number of prisoners at one time reached *forty thousand*. We may consider 1000 men to the acre as a fair average of the density of population of the prison. As to the quality of the water, where it entered, and when it left the stockade, he says:—

"The waters of the streams, wells, and springs within the stockade (Confederate States Military Prison) and the Military Prison Hospital (Federal) were also subjected to careful chemical examination, and were found in like manner to be of remarkable purity."

"The waters of the streams issuing from the Stockade and Hospital are contaminated by the excrements, filth, and offal of the Federal prisoners, and contain not only these matters and various salts resulting from their decomposition, but also numerous maggots, animalculæ, and cryptogamous plants."

"As these waters, loaded with filth and human excrement, flow sluggishly through the swamp below, filled with trees and reeds coated with a filthy deposit, they emit an intolerable and most sickening stench. Standing as I did over these waters in the middle of a hot day in September, as they rolled sluggishly forth from the stockade, after having received the filth and excrements of twenty thousand men, the stench was disgusting and overpowering; and if it was surpassed in unpleasantness by anything, it was only in the disgusting appearance of the filthy, almost stagnant, waters moving slowly between the stumps and roots and fallen trunks of trees and thick branches of reeds, with innumerable long-tailed, large, white maggots, swollen pease, and fermenting excrements, and fragments of bread and meat."

As to the bread furnished:—

"I carefully examined the bakery and the bread furnished to the prisoners, and found that they were supplied almost entirely with corn-bread, from which the husk had not been separated. In this respect the meal did not differ from that issued to the Confederate soldiers in the field."

Editorial, May 28th.

The scarcity of sieves in the Confederacy was the excuse urged for the issue of unbolted corn meal to the Confederate soldiers, as well as to the prisoners of war. The husk of the Indian corn appeared to act as an irritant to the alimentary canal, without adding any nutriment to the bread. As far as my examination extended, no fault could be found with the mode in which the bread was baked—the difficulty lay in the failure to separate the husk from the corn meal.

I strongly urged the preparation of large quantities of soup made from the cow and calves' heads, with the brains and tongue, to which a liberal supply of sweet potatoes and vegetables might have been advantageously added. The materials existed for the preparation of such soup, with little or no additional expense. Such aliment would have been not only highly nutritious, but it would also have acted as an efficient remedial agent for the removal of the scorbutic condition."

The following is but a partial description of the sick:—

"The sick within the Stockade lay under several long sheds, which were originally built for barracks. These sheds covered two floors which were open on all sides. The sick lay upon bare boards, or upon such ragged blankets as they possessed, without, as far as I observed, any bedding, or even straw.

"Pits for the reception of fæces were dug within a few feet of the lower floor, and they were almost never unoccupied by those suffering with diarrhoea and dysentery.

"The haggard, distressed countenances of these miserable, complaining, dejected, living skeletons crying for medicine and food, and cursing their government for its brutality in refusing to exchange prisoners, and the ghastly corpses with their glazed eyeballs, staring up into vacant space, with the flies swarming down their open and grinning mouths, and over their ragged clothes, infested with lice, as they lay amongst the sick and dying, formed a picture of helpless, hopeless misery, which it would be impossible to portray by words or by the brush. A feeling of disappointment and even of resentment on account of the action of the United States Government upon the subject of the exchange of prisoners, appeared to be wide-spread, and the apparent hopeless nature of the negotiations for the general exchange of prisoners appeared to be a cause of universal regret, and of deep and injurious despondency.

I heard some of the prisoners go so far as to exonerate the Confederate government from any charge of intentionally subjecting them to protracted confinement, with its necessary and unavoidable suffering, in a country cut off from all intercourse with foreign nations, and sorely pressed on all sides; whilst on the other hand, they charged their prolonged captivity upon their own government, which was attempting to make the negro equal to the white man.

"That I have not misrepresented the sentiments of these prisoners is clearly demonstrated by the following resolutions passed a short time after my examination of the Stockade, by these same Andersonville prisoners who had been transferred to Savannah."

The resolutions are appended, and were copied into the Northern journals during the war.

With regard to the condition of the sick, and the causes of disease, Dr. Jones adds:

"The patients and attendants, near two thousand in number, are crowded into this confined space, and are but poorly supplied with old and ragged tents. Large numbers of them were without any bunks, and lay upon the ground, oftentimes without even a blanket—no beds or straw appear to have been furnished.

"The tents extend to within a few yards of the small stream, the eastern portion of which, as we have before said, was used as a privy, and was loaded with excrements; and I observed a large pile of corn bread, bones, and filth of all kinds, thirty feet in diameter, and several feet in height, swarming with myriads of flies, in a vacant space near the pots used for cooking.

"Millions of flies swarmed over everything, and covered the faces of the sleeping patients, and crawled down their open mouths and deposited their maggots in the gangrenous wounds of the living, and in the mouths of the dead. Myriads of mosquitoes also infested the tents, and many of the patients were so stung by these pestiferous insects that they appeared as if they were suffering from a slight attack of measles.

"The police and hygiene of the hospital were defective in the extreme; as the attendants were selected from the prisoners, they not only robbed the sick of their clothing and rations, but also neglected their comfort and cleanliness in a most shameful manner. The sick were literally incrustated with dirt and covered with vermin.

"When a gangrenous wound needed washing, the limb was thrust out a little from the blanket or board or rags upon which the patient was lying, and water poured over it, and all the putrescent matters allowed to soak into the ground-floor of the tent.

"The supply of rags for dressing wounds was said to be very scant; and I saw the most filthy rags, which had been applied several times and imperfectly washed, used in dressing recent wounds. When hospital gangrene was prevailing, it was impossible for any wound to escape contagion under these circumstances."

The medical attendance was entirely insufficient, and it was somewhat difficult to find surgeons willing to serve in this post, and leave the excitement of the field.

We have not space to quote half of what we could wish to, from this volume. We strongly advise our readers to add it to their libraries. We shall hereafter give the general conclusions upon the diseases of the Federal prisoners confined at Andersonville, to which Dr. Jones was led from his investigations.

URIC ACID DEPOSITS.—The question of the origin of uric acid deposits has been so long involved in obscurity that we hasten to lay before our readers a short sketch of a theory recently propounded, and which we think in entire accordance with the facts of practice and the conditions of theory. In a paper which was laid before the Royal Academy of Munich, Herr Franz Hofmann has given an explanation of the deposition of uric acid which is at once reasonable and simple. The urine, he says, may acquire a deposit of uric acid or urates on cooling, and this is said to be due either to the cooling of the secretion below the temperature of the body, or because of the presence of an excess of the uric acid. The first cause must be very rare, because the deposit does not appear till some time after the change of temperature, and because reheating does not dissolve it. The second cause he states is never present. The quantity of uric acid formed by a healthy man ranges in the day from four decigrammes to two grammes, and it never exceeds this. He has collected the urine of arthritic patients, and, seeing it full of deposit, expected to find a large proportion of uric acid, and yet a quantitative analysis proved that the quantity present was almost too small for estimation. Uric

acid cannot be excreted as such by the kidneys, for it is insoluble in the urine, and in freshly voided urine it exists only in the form of urates. Scherer long ago expressed the belief that the uric acid was set free from its combinations by the action of lactic acid, which he thought was abundantly present in the fluids of the body. But Pettenkofer sought for this substance in vain, and in its stead found creatinine. Again, Baron Liebig, in his famous memoir, asserts that lactic acid is absent from urine, and demonstrates that the acid reaction of the secretion is due to the presence of acid phosphates. Herr Hofmann has observed that in neutralizing urine less and less alkali is required according as the time since voiding increases. He is therefore led to the interesting conclusion that the uric acid deposited is owing to the decomposition of the urates by the acid phosphate of soda; and he alleges that if equal quantities of solutions of these two salts be added together it will be found that uric acid will be set free by decomposition of the urate, and the liquid from having been acid will become alkaline. Under ordinary circumstances, then, the deposition of uric acid takes place subsequent to the expulsion of the urine; but should the acid phosphates of soda be in excess, the uric acid may then be precipitated before the secretion is voided, and may thus give rise to gravel and calculi. This may also occur through too great concentration of urine. The first cause operates when an excessively albuminous diet containing phosphorus is employed; the second may be brought about by violent exercise, catarrhal affections, and the diaphoresis which succeeds the inflammatory state.—*Med. Times and Gaz.*

ON THE NATURE OF JOB'S ILLNESS.—At the *séance* of the *Société Impériale de Médecine de Lyon*, of January 21, 1867, M. Nolle read a paper on the nature of Job's illness, which he considered to have been scorbutus, for the following reasons: the nervous phenomena, cachexia, severe stomatitis, foetid breath, difficulty in eating, wasting of the body, abdominal pains, and diarrhoea. He also considers that the dark discolorations of the skin, the petechial eruptions, the purpura, and the effusions of blood in the internal organs, were so many pathognomonic signs of the disease. He examined in detail the claims to consideration of syphilis, elephantiasis græcorum, psoriasis annulare, and lepra (probably psoria-

sis, also), as well as those diseases dependent upon vegetable parasites, rejecting them all in favor of scorbutus.

In the discussion which followed the reading of this paper, M. Diday said, that he regarded the disease in question to have been tertiary syphilis, objecting, among other reasons, to scorbutus, on the ground that this disease is epidemic or endemic, while Job seems to have been the only one affected; and also, that if the gums had been sore, and the teeth loosened, as stated, Job could not have held long conversation! M. Gerin thought that the disease was general eczema, from the size of the ulcers, the color of the crusts, and their pulverulent nature. He also added, that scorbutic or syphilitic ulcers of so grave a nature as those described, would have been incurable.

M. Gailleton, rejecting the opinions previously expressed, conceived the disease to have been psoriasis or pemphigus, basing his opinion upon the fact that, although anæsthesia of the skin existed at the commencement of the attack, hyperæsthesia with nocturnal pains came on towards the close; and he cited cases of lepra which had been observed in Mexico, in confirmation of his view.

M. Nollet, in reply to M. Diday, stated that scorbutus, although generally endemic and epidemic, is sometimes sporadic; that Job did not talk in a loud voice; on the contrary, his voice was muffled; that his disease could not have been tertiary syphilis, first, because there is no mention of contagion; and, secondly, because the attack was not chronic; and, moreover, all the symptoms pointed to scorbutus.

To eczema he objected inasmuch as abdominal pains, hæmorrhages, and bloody diarrhoea, are rare in that disease. Psoriasis and pemphigus he also rejected; the first because the psoriasis of those times was a disease of parasitic origin, and was therefore contagious, while Job's disease was not; and also, because an eruption dependent upon a vegetable parasite is polymorphous, which was not the case here; the second, because pemphigus does not attack the mouth, neither is there a black form of the disease.

[It would appear that the only thing wanting at this interesting discussion was the exhibition of a photograph of the distinguished sufferer, which would have materially added to the value of the diagnosis expressed by the different members of the *Société Impériale de Médecine de Lyon*!—F. J. B.]—*New York Journal of Medicine*.

A CASE OF TRUE MECHANICAL OBSTRUCTION OF THE BOWELS.—Mr. Jeffreys reports the case in the *Lancet*. The patient was a healthy man of 49. When seen first, Saturday evening, he complained of pain in the left side of the abdomen. Had had no movement of the bowels since the previous Monday, on which day he had an attack of diarrhoea. Very slight constitutional symptoms. A hard, round, slightly movable tumor in left iliac region, tender on pressure. The tumor was supposed to be scybulous, and a purgative was ordered, which produced several thin evacuations, but had no effect on the tumor. On Sunday, there was some fever, and a saline aperient was given. Monday, the symptoms were aggravated, and a careful questioning elicited the fact that on the Monday previous the patient had, by advice of one of his mates, inserted a wooden plug into his bowels to check his diarrhoea. This plug had not been removed. On inserting his forefinger its full length, Mr. Jeffreys at length caught the edges of a nail and drew out the plug. The plug was five inches long, and four and a half to five inches in circumference, and a tenpenny nail, which had been driven into it by the patient that he might be better able to pull it out, projected from it two inches. The patient began to mend immediately, and the next day but one was at work, as if nothing had happened to him.

WONDERFUL PHYSIQUE.—The *Friend of India* asserts that the Thibetan couriers ride for three weeks, with intervals of only half an hour to eat and change horses. It is the duty of the men in charge of the official Dak bungalows to see that the courier makes no delay, and to forward him—no matter in what condition he may be—to the next station. In carrying out these orders, they are often compelled to tie the unhappy courier upon his horse, and so, living or dead, make him complete his journey. All this may be true, but really three weeks, night and day, in the pigskin, does look a little like some of Baron Munchausen's wonderful exploits.—*Medical Times and Gazette*.

THE matter of copying from our pages, without giving credit, by the *Buffalo Medical Journal*, to which allusion was made by us some weeks since, has been so explained in a private note by the Editor of that Journal, as to remove all grounds of complaint on our part.

Selections and Medical Items.

THE PENDULUM OF FASHION.—Dr. E. J. Tilt, in a paper published in the *Lancet* of April 11, on therapeutics and the natural history of disease, says: "The natural history of diseases!" I have insisted over and over again that the right way of studying diseases of women was to do so by the light of the natural history of menstruation, showing the way in one of my works. If for thirty years of her life woman is bled every month moderately, and often exorbitantly, with impunity, that should at least teach the present generation of medical men that it is absurd to be afraid of damaging a patient's constitution by taking away ten ounces of blood in cases of inflammation. The perfect innocuity of vomiting, in most cases of pregnancy, will some day teach medical practitioners how foolish it was to give up the use of emetics in many cases of dyspepsia and biliary derangement. If I take the liberty of pressing on others to hasten as much as possible the process by which they are attempting to make up their minds as to the extent of the powers of nature in the cure of disease, it is for the sake of our patients and for the credit of our art. It is no consolation to men of moderate opinions to know that when the pendulum of the human mind has violently swung in one direction it will assuredly, after a certain lapse of years, swing back with equal momentum in the opposite direction. There is so little rest between extremes; we have only just escaped from the reign of exorbitant doses and over-stringent pharmaceutical formalism, and we are now menaced with a rapid return to that slough of expectant medicine which, centuries ago, was rightly stigmatized as "a meditation on death." Only a few years back and we were outrageously frightened by the bugbear of inflammation, and already our utility is often paralyzed by the bugbear of debility.—*New York Medical Record*.

THE COST OF AN EPIDEMIC.—Dr. BEVERIDGE, in an excellent paper on the Statistics of the Recent Epidemic of Typhus in Aberdeen, which has lasted nearly three years, and which he traces to overcrowding, makes the following calculation of its cost. Treatment of 4631 cases for 25½ days, at 5s. per week, £4217: 10; loss of labor for 25½ days of 3804 individuals (excluding children) at 10s. per week, £5928: 14; loss by adult deaths—value of labor of 184 males, at £13 per annum, for 10 years, £23,920; value of labor of 255 females at £6: 10s. per annum, for 10 years, £15,175; loss by deaths of 51 children and young persons, allowing one half to die before attaining adult life, viz.—value of labor of 12 males, for 20 years, at £13 per annum, £3120; value of labor of 12 females, for 20 years, at £6: 10 per annum, £1560; probable cost of the epidemic, £55,021: 4. This estimate is, at the best, but a very rough approximation; but the whole has been kept down to the lowest figure, so that the result is in all probability understated, and yet the amount is a high one—equal, in fact, to a tax on the inhabitants of something over fifteen shillings per head. If, then, such has been the cost

in a small and comparatively healthy town like Aberdeen, what must it have been in the larger towns where this epidemic has been raging, and in many of which the rate of mortality has been higher; and, if the conclusions come to as the probable cause are correct, it follows that the whole of this waste of human life might have been prevented.—*Med. and Surg. Reporter*.

CHOLERA AND THE ATMOSPHERE.—During the autumn of last year, when the cholera was felt severely in Turin, Father Denza studied the meteorological condition of the atmosphere; he studied especially the connection between the prevalence of the disease and the absence of ozone. His observations were made at Moncalieri, rather more than half a mile from the town: the electricity was measured as well as the ozone. During the days in August and September, when the cholera was about its height, the amount of ozone present was variable, but considerable—perhaps about the average. The electricity, however, during those days almost entirely disappeared; it is an interesting observation.—*Ibid*.

MEDICAL DIARY OF THE WEEK.

MONDAY, 9 A.M., Massachusetts General Hospital, Med. Clinic; 10 A.M., Medical Lecture. 9 A.M., City Hospital, Ophthalmic Clinic.

TUESDAY, 9 A.M., City Hospital, Medical Clinic; 10 A.M., Medical Lecture. 9 to 11 A.M., Boston Dispensary. 10-11 A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, 10 A.M., Massachusetts General Hospital Surgical Visit. 11 A.M., OPERATIONS.

THURSDAY, 11 A.M., Massachusetts General Hospital, Clinical Surgical Lecture.

FRIDAY, 9 A.M., City Hospital, Ophthalmic Clinic; 10 A.M., Surgical Visit; 11 A.M., OPERATIONS. 9 to 11 A.M., Boston Dispensary.

SATURDAY, 10 A.M., Massachusetts General Hospital, Surgical Visit; 11 A.M., OPERATIONS.

A Bulletin of Expected Operations, in both the Hospitals, will be found, weekly, at the office of the Boston Medical and Surgical Journal, and at Messrs. Codman & Shurtleff's, 13 and 15 Tremont Street.

TO CORRESPONDENTS.—Communications accepted:—Three Cases of Pernephritic Abscess—Tuberculosis and Pulmonary Phthisis—A Case of Inversion of the Uterus—Boston Lunatic Hospital Reports, No. II. Communication received:—On Embalming.

MARRIED.—In this city, 9th inst., Burt G. Wilder, M.D., to Miss Sarah C., daughter of the late Dr. Wm. Nichols, all of Boston.—10th inst., James I. Tucker, Jr., M.D., to Miss Adelaide U. Wood, both of Boston.—In New York city, Dr. T. S. Hanchett, of Wolcottville, Ct., to Miss Emma E., daughter of the late John C. Hayes, of Stonington, Ct.

DIED.—In this city, 14th inst., Abraham A. Watson, M.D.

DEATHS IN BOSTON for the week ending Saturday noon, June 13th, 77. Males, 41—Females, 36.—Accident, 1—apoplexy, 2—cancer, 1—cholera infantum, 1—cholera morbus, 2—bilious colic, 1—consumption, 20—convulsions, 2—cyanosis, 1—debility, 4—diarrhoea, 1—scarlet fever, 4—typhoid fever, 4—disease of the heart, 4—disease of the kidneys, 1—inflammation of the lungs, 4—marasmus, 2—measles, 1—neuralgia, 1—old age, 4—paralysis, 3—teething, 1—unknown, 10—whooping cough, 2.

Under 5 years of age, 24—between 5 and 20 years, 11—between 20 and 40 years, 20—between 40 and 60 years, 10—above 60 years, 12. Born in the United States, 66—Ireland, 14—other places, 7.

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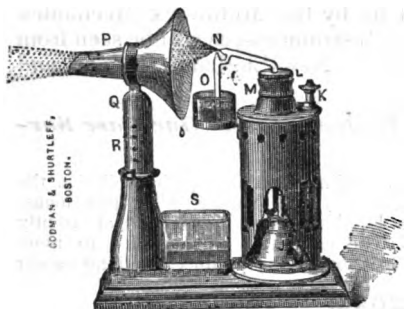


FIG. 1.

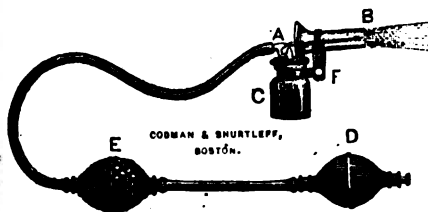


FIG. 5.

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"A NEW MODE OF TREATING DISEASES OF THE NASAL CAVITY,"

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An illustrated description of the *best apparatus* for the above purposes, and for producing Local Anæsthesia by Atomization, with Ether, by the method of Dr. RICHARDSON of London; or with Rhigolene, as described by Dr. HENRY J. BIGELOW, in the *Boston Medical and Surgical Journal* of April 19, 1866. The following is an extract from a note from Dr. Bigelow:—

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Steam Apparatus (see fig. 1) complete, with two Glass Atomizing Tubes and Face Shield, packed for transportation	\$12.00
Shurtleff's Atomizing Apparatus, (patented March 24, 1868, — see fig. 5), with two Glass Tubes for Inhalation, packed	4.50
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Silver Plated Tubes, for Local Anæsthesia, each	2.00
Rhigolene for Local Anæsthesia, best quality, packed	1.00
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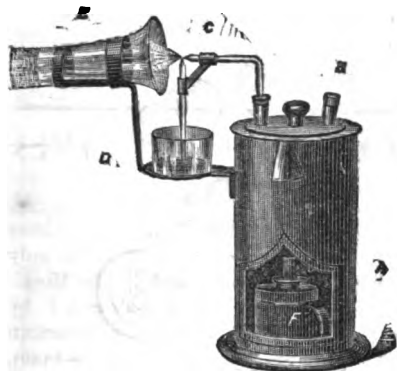
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THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, JULY 23, 1868.

[Vol. I.—No. 25.]

Original Communications.

CASE OF STRANGULATION OF THE LARGE INTESTINE, NEAR THE JUNCTION OF THE DESCENDING COLON AND THE SIGMOID FLEXURE, BY A BAND,

SUCCESSFULLY TREATED BY AN OPERATION.

By Dr. R. LAWRENCE WILDER, San Francisco, Cal.

MARCH 30th, 1868, was called to see Mr. G., aged 33, in consultation with Dr. J. D. B. Stillman. Found patient vomiting incessantly a thin, coffee-colored fluid. He had had no passage from the bowels for four days. There was some swelling of the abdomen, and considerable tympanites. Great pain on pressure; countenance pale and anxious; pulse 130, thready and irregular. There were no appearances of hernia. The patient referred his pain mostly to the *right* iliac fossa. This, with the suddenness of the attack, led us to believe that the trouble was intussusception at the ileo-cæcal valve.

Warm-water injections had been given every hour for the previous twenty-four hours, but had come away without apparently entering the colon. Insufflation was then proposed. Quite a large amount of air was pumped in, by means of a Davidson's syringe. We suffered this air to remain in for a time, in hopes that by distending the intestine gently but fully, we might be able to bring things to a normal position and condition.

The air gave the patient so much pain that in about an hour it was thought advisable to allow it to escape. On dilating the sphincter ani, no air escaped. The rectum and sigmoid flexure remained perfectly empty, while the whole extent of the colon remained distended. This turned our attention to the *real* cause of all these symptoms of obstruction, which we decided must be a stricture of the large intestine, situated near the junction of the descending colon and the sigmoid flexure. It also seemed most probable that this obstruction

was caused by a band of adhesion, suddenly inflamed; for the patient had had peritonitis about two years before, and had since, as he says, been troubled with "colic."

A long enema-tube, carefully passed up, met with a decided obstruction about eighteen inches from the anus. After several attempts to pass the tube into the colon, which were unsuccessful, the tube being stopped at the same place each time, we decided that his only hope of relief lay in an operation.

Later in the day, Dr. Calvin G. Page, of Boston, Mass., saw the patient with us, and, after a careful examination, agreed as to the diagnosis, and fully concurred with us in the opinion that an operation for the relief of the stricture afforded the patient his only chance of recovery. This statement being made to the patient and his friends, they consented to anything we might propose to do. As it was late in the day, and as the symptoms were about the same as in the morning, we determined to postpone operative interference until the next day—in the meantime to give the patient the benefit of treatment by position.

March 31st.—The previous symptoms being more marked, and the abdomen having become more tympanitic and enlarged, the operation was immediately decided upon.

Operation, by Dr. Wilder, assisted by Drs. Stillman and Page. Patient etherized and placed upon his right side. Incision made about midway between the last rib and the crest of the ilium, commencing at the edge of the sacro-lumbar and long dorsal muscles, and extending horizontally towards the umbilicus about four inches. The muscles were then carefully divided on a director, in both directions, the entire length of the incision. A large amount of fat appeared and rolled up into the opening. This I carefully dissected through with my finger and the handle of my scalpel. The distended intestine now showed itself in the aperture. I carefully passed my hand into the cavity of the abdomen, through the incision, and at the same time introduced an olive-pointed œsophageal

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[WHOLE No. 2108.]

probang into the rectum *per anum*. Carefully following this, with my finger within the abdominal cavity, I passed the probang along till I arrived at the stricture, which was found to be at the junction of the colon and sigmoid flexure. The intestine below the stricture was loose and flaccid, while above there was great distention, feeling like an inflated bladder with a string tied around its neck. I felt what seemed to be a *fibro-membranous band* surrounding the intestine and constricting it. By pushing the point of the probang well up, and using my finger-nail, I succeeded in dividing the stricture. Immediately upon the division of the band, the probang slipped through into the colon; at the same time an immense amount of gas and fluid feces escaped with great force from the anus. A long enema-tube was then introduced, which passed easily up the descending colon, through which more gas escaped. Drs. Stillman and Page also satisfied themselves, by an examination, that the stricture was divided, and that the tube passed freely up the descending colon. I now withdrew the tube. The flaps of the wound were brought together and the edges held by sutures. Strips of adhesive plaster and a roller were then applied.

Only one vessel was divided, and that was a small muscular branch, scarcely requiring a ligature. The hæmorrhage amounted to nothing. The depth of the dissection and the care necessary, made the operation rather long and tedious. Ordered two ounces of brandy, to be immediately given by the mouth.

9.30, P.M.—Patient rallied well. Passes gas *per anum*. Tympanitis diminished very much. Pulse 110, regular and strong. Ordered morphia sulph. gr. ss. subcutaneously.

April 1st, 12.30, A.M.—Patient comfortable. Pulse 110. Repeat morphia.

7, A.M.—Patient is very comfortable. Pulse 110, strong and regular. Tympanites still diminishing. Countenance cheerful. There has been no vomiting since the operation. Ordered beef-tea, four ounces, to be injected into the rectum. Ice to allay thirst, which is considerable. To repeat morphia.

12.30, P.M.—Pulse 96. Patient complains of pain in right thoracic region. Has previously had rheumatism. Ordered, lemon to suck. To chew beef-steak, as he says he feels very hungry. Repeat morphia, and continue ice.

6, P.M.—Pulse has risen to 110. Tympanites remains about the same. Ordered,

hop fomentations to be applied over whole abdomen. Repeat morphia.

12, M.—Pulse 120, not so strong. Some delirium. Coma vigil. Patient complains of seeing cobwebs, &c., about the room, and is wandering in his speech. Tongue dry and horny. Removed the dressing from wound. Incision entirely closed by first intention. Ordered, brandy ʒss. every hour; also R. Ferri et quiniæ citratis, ʒij.; syrup. aurantii, ʒi.; aquæ fontanæ, ʒiv. M. To take two teaspoonsful every two hours. Repeat morphia, gr. i.

April 2d, 8, A.M.—Patient more comfortable. Pulse 120. Respirations 40. Tympanites so much increased as to impede the movements of respiration. Tongue looks better. Horny feeling gone. Brandy to be reduced to two teaspoonsful every hour. Ice to suck. Morphia gr. i. repeated.

6, P.M.—Considerable delirium. Tympanites very great. Decided, on recommendation of Dr. Page, to puncture the peritoneum and let out the gas. Pulse 120; respirations 45, just previous to the operation. I introduced a small trocar in the median line into the sac of the peritoneum, just below the umbilicus. A great amount of gas rushed out, relieving the distention below, but not above the umbilicus. Another perforation was made with the trocar, about two inches above the umbilicus in the median line. A much larger amount of gas escaped than from the puncture below. The abdomen at once became flattened and more natural. The pulse came down to 100 per minute, and remained stronger and more regular. The respirations were reduced to 34. Repeated morphia gr. i. Ordered to continue brandy and prescription.

12, M.—Was suddenly called to see patient. Found him with delirium of an epileptiform character. Pulse 130. Pupils dilated. Ordered to discontinue morphia and the prescription also. To have potass. bromid. ʒij. To continue brandy.

3d.—Patient very much better. Very rational at intervals. Tongue clean and soft. Pulse 100, strong and regular. Tympanites entirely disappeared. Very little tenderness on pressure of abdomen. Wound entirely united, firm and sound. Patient seems generally very much improved. Potass. bromid. ʒij.

4th.—Pulse 90, strong and regular. Patient has had three profuse alvine evacuations, blackened by the iron previously administered. Slight delirium present, which is of an epileptiform character. Patient

has been accustomed to have these attacks since his youth. To continue bromide of potass. Beef-tea and milk *ad libitum*.

7th.—Removed sutures. Union firm the whole line of the incision. Appearance of abdomen perfectly natural. Bowels regular. Delirium gone. Pulse 84, soft and compressible. Patient in every respect convalescent. There is nothing in the condition of the abdominal parts to prevent a rapid recovery.

The case above narrated by Dr. Wilder terminated fatally a few days after the conclusion of his report, death occurring from pyæmia.

There are two points in the case that should go upon the record. The first is, that the patient was subject to occasional attacks of epilepsy and had suffered some years previously from a fall through a scuttle, a distance of three stories, since which accident he had had frequent attacks of abdominal pain in the region of the liver. The *post-mortem* appearances in this region showed old peritoneal inflammation, with adhesions to the diaphragm, and a recent deposit of lymph and pus over a surface of several inches, but entirely confined to that region.

The second point is, the great relief given by puncturing the peritoneum with the trocar and allowing the accumulated gases to escape. I examined the peritoneal points of puncture *post-mortem*, and found no trace of inflammation. The intestines were not touched by the trocar.

The intestine at the point of stricture showed an ecchymotic line an inch long by one fourth inch wide, but was otherwise healthy. There was considerable pus found behind the peritoneum, between it and the line of incision, which had closed by first intention. It would, perhaps, have been better to have kept the most dependent part of the wound open, so that this pus could have escaped.

CALVIN G. PAGE.

PELVIC CELLULITIS.

By H. O. MARCY, M.D., Cambridgeport.

INFLAMMATION of the cellular or areolar tissue of the pelvis occurs so rarely, except in connection with the puerperal state, external violence, or uterine disease, that cases of idiopathic character are of more than ordinary interest. The obscurity of diagnosis, and departure from the usual prescribed rule of surgical non-interference,

have caused me to feel that the following case was worthy of record.

Mrs. S. K., aged 33; first seen in October, 1867. Mother died of ovarian tumor. Father living. In early life, healthy. Menstruated at 16; married at 17. One child, 12 years old. Severe labor. Delivered by turning. Sick for weeks. Troubled at times with prolapsus. Has worn supporters. Never pregnant since.

In January, 1867, had pneumonia. During attack suffered from severe pain in lower part of bowels; later, noticed a swelling in left iliac region, size of an orange; quite tender and painful. Tr. iodine was applied externally by attending physician. It was thought to have disappeared, but some time later was again noticed, and has been constant since, gradually increasing in size up to the present.

In May had a discharge of several ounces of very fetid pus by rectum. Pus has been discharged several times since from rectum, each time preceded by increased suffering. Has occasionally noticed fæces covered with pus.

Present condition, October, 1867. Pale, anæmic; much loss of flesh and strength. Appetite good, bowels inclined to diarrhœa. Sleeps poorly; complains of much pain about the tumor, shooting down leg. At times compares the suffering in severity to that of labor. Dull heavy pains in entire pelvic region.

By abdominal examination there can be distinctly felt above the pubes on left side, a hard non-fluctuating mass, rounded in outline, not differing much in size from a child's head at birth. Os uteri enlarged, thickened, rough, admitting finger.

Posteriorly and apparently continuous with the fundus uteri is felt the tumor above described, dipping down into the pelvic basin. The uterus above the cervix seems lost in the mass.

Examined from the rectum, that portion within reach feels softer, is partially separated from the mass above, by constricting fibrous bands, giving it a bilobulated appearance. Has menses quite regularly, but excessive menorrhagia, usually from two to three dozen napkins.

The patient "has been the rounds of the Doctors." The larger number have not hesitated to pronounce it cancer, and advised non-interference.

At my request the patient consulted my friend, Dr. H. R. Storer. His diagnosis was fibroid tumor of the uterus—that pressure and irritation were the probable causes

of the purulent discharges from the bowels. By his direction the os uteri was dilated with sponge tents. Interior uterus healthy.

Early in December, the pains increased, the suffering became very severe; patient confined to bed. The lower portion as felt from the rectum rapidly increased in size, and became very tender to the touch. A spontaneous discharge of pus from the bowel took place, lessening somewhat this portion of the mass.

Profiting by this hint of nature, and believing that a chronic abscess was at least part of the trouble, at my request Dr. Storer passed an exploring trocar, on the 15th, from the vagina and obtained pus; an opening was made, by which a small quantity of pus escaped. This opening closed in a few hours.

Four days later, I etherized the patient, and entered a large curved trocar posteriorly, and to the left of fundus uteri, and drew off about 20 oz. of thick, fetid pus.

My firm unyielding tumor of 12 months standing softened and disappeared, leaving only a thick indurated sac, which was enlarged to admit the finger, by cutting with a bistoury entered from the opening made by trocar. A profuse discharge of purulent secretion continued. The sac was washed out daily with warm water, after which a solution of carbolic acid was thrown in.

Kept the opening from closing, by applying a silver female catheter to which a piece of flexible rubber tubing was attached. This was readily retained by a napkin, allowing the patient to keep the sac empty and syringe at will.

A rapid improvement in both local and constitutional symptoms followed. Suppuration lessened; the sac gradually contracted until the catheter could not be retained.

The patient has fully regained her flesh and strength. Only a slight thickening can be felt to mark the place of the abscess.

May, 1868.

EPISTAXIS, FOLLOWING A BLOW ON THE NOSE FROM A BASE BALL.

By GEORGE DERBY, M.D.

APRIL 28th, 6, P.M.—Called to see a boy 14 years old, with violent epistaxis. History of case was as follows. Six days before, or on April 22d, he was struck by a base ball on the nose, fairly in front, and over nasal bones. There was free bleeding at the time, which stopped in about twenty minutes. During the five following days he went to school and played base ball as

usual. Had several bleedings during this period, but they seem to have been not violent, and the amount of blood lost not sufficient to prevent his exercising as usual. Several times on getting up in the morning a moderate bleeding occurred. On the afternoon of the day I was called, and six days from date of original injury, while playing base ball on the Common he bled profusely, fainted and was carried home. When I reached him he was still bleeding from left nostril. On filling left anterior nares with sponge, the bleeding was at once stopped. Next morning, at 7 o'clock, it recurred in spite of the sponge plug. I then carried a small bit of sponge moistened with sol. per sulphate iron as far into the nose as could be reached with dressing forceps, bringing it out again, and plugging left anterior nares with sponge and sol. per sulphate iron. The bleeding at once stopped. This plug remained in place 48 hours, being removed on the morning of May 1st. I then washed out the nares with a solution of tannin, and supposed all trouble was over, but took the precaution to have a Belloc's canula with posterior plug at hand ready for immediate use. That night at 11 o'clock I was summoned in haste. A temporary plug of sponge and iron, prepared for such an emergency, had checked the bleeding till my arrival. On removing this the hæmorrhage from left nostril was profuse, and distinctly arterial in color. I immediately plugged the posterior nares with dry sponge, and the anterior nares with sponge and per sulphate of iron. This stopped the bleeding effectually. Pulse 120 and feeble. Gave beef tea and wine at short intervals, and tinc. mur. ferri. Next day, May 2d, no bleeding, but great discomfort from tension on nose and cheek. May 3d, tension relieved in a degree by the escape of bloody serum through lachrymal duct into the internal angle of eye.

At the end of 74 hours from the time when plugs were last introduced, a small stream of fresh blood was observed trickling down the lip and cheek, and was traced to an opening at inner side of anterior plug. This was stopped by pressure with sponge. Partially decomposed serum and mucus continued, however, to ooze from the edges of plug. Dr. Hodges saw the case in consultation at this period, and with his concurrence the anterior plug was removed. It was followed by a stream of arterial blood. Sponge with per sulphate iron was immediately thrust into the nostril, but did not entirely control it as before. Dry sponge was then crowded in until the bleeding

ceased. Posterior plug not disturbed. Next day, May 6, plug was found to be gradually protruding, and at 3, A.M., of May 7, bleeding recommenced. Both plugs were at once removed, the posterior having become very offensive, after a retention of five days. The hæmorrhage this time was less violent, and apparently not arterial. A sol. of carbolic acid, $\mathfrak{z}\text{i}$. to Oj . was syringed through the nasal cavity, with a view to clear it of decomposing material, preparatory to putting in a fresh posterior plug, but the hæmorrhage diminished, and, by the application of ice, stopped in about 15 minutes. Communication with posterior nares being kept by means of a string on which was tied a plug ready to be drawn up at a moment's notice, the nasal cavity was now left exposed, and no more bleeding occurred. The young man was much reduced by this experience, but has now nearly recovered his strength.

The case seems to be singular and interesting from the fact that dangerous bleeding did not commence until six days after the reception of the injury, and then with great violence. It seems to me probable that a splinter was detached from one of the nasal bones, which by its pressure upon some considerable vessel, perhaps the nasal branch of the internal maxillary artery, caused the separation of a slough. There is, however, no visible deformity or displacement of any part of the nose.

No hæmorrhagic tendency could be proved to exist in the family of the patient, and the blood at all times coagulated firmly. The father of the young man died from pæmmonous erysipelas, following a wound of the palmar arch from broken glass, but not from hæmorrhage.

Another observation which I would make with regard to this case is, that it seemed to me, although the styptic applications were temporarily useful, they were attended with certain disadvantages when used upon sponge and left in the bleeding cavity. The styptic quality of sponge itself, which depends upon the entanglement of coagula in its porous texture, was certainly diminished by the firm coating made by the iron upon its surface. After a retention for a day or two these sponges were covered with "clinkers" (so to speak), which prevented the penetration of the blood, and must have irritated, to a certain extent, the surface with which they were in contact. I would therefore advise, in a similar case, after a fair trial of iron styptics, to plug with dry sponge before and behind, and tie the two sponges together by a double thread passing from the posterior and over the anterior plug.

TREATMENT OF THE VOMITING IN COLIC.

MR. EDITOR,—The vomiting that so often occurs in colic, rendering its course so uncertain and protracted, led me, several years since, to seek a more prompt and reliable remedy than that usually employed. I used Dr. Mackintosh's tobacco injection, which, at first, seemed to answer the purpose. But its depressing, if not dangerous effects occasioned me to substitute tincture of lobelia, a safer yet equally efficacious agent. I had long found the tincture an invaluable remedy for the relief of constipation, used as an enema. One or two teaspoonsful in a quart of water thrown up the rectum will, in the early stage of colic, afford immediate relief.

But a more simple and efficient method of treatment of common colic may be found in the hypodermic injection of morphia. By dissolving one third or one half of a grain of acetate or sulphate of morphia in the smallest quantity of water, and injecting into the arm, the most certain relief may be obtained. If, however, after waiting ten or fifteen minutes, any pain should remain, the dose may be repeated.

During the last season, cases of cholera morbus were treated in a similar manner with success, though perhaps not in sufficient number to justify me in offering an opinion.

Were it necessary, many cases of colic might be adduced illustrating the benefits derived from the proposed method. A single case is sufficient.

A large, well-formed person was suddenly attacked with agonizing pain at the epigastrium, attended with retching and vomiting. Opiates were given and repeated; mustard was applied; enemata were used. Waiting several hours, with no amelioration of the symptoms, I then injected one half a grain of sulphate of morphia in the arm over the deltoid muscle. In ten minutes, the patient was perfectly tranquil. The next day, having had no recurrence of the paroxysm, she appeared well. No other remedies were given or required.

In the management of many similar cases during the past few years, I have had no occasion to resort to any other method than the one now proposed. The happy effects so frequently observed have induced me at this season of the year to submit these remarks, with the hope and expectation that others may be equally successful.

Geo. Atwood.

Fairhaven, July, 1868.

POISONING BY PENNYROYAL.

MR. EDITOR,—If you deem the following report of a case of poisoning from an overdose of pennyroyal, with symptoms similar to those produced by opium, of sufficient interest to occupy a place in your JOURNAL, please insert it.

I was called, near midnight, on the 16th of September, 1866, to see Mrs. L., aged 30 years, mother of two children. On entering the chamber, I perceived a strong odor of pennyroyal. Found Mrs. L. on the bed, in a comatose condition, from which I could not arouse her; breathing heavy, bordering on stertorous; pulse feeble and quick; extremities cool; skin damp; face pale, and muscles flaccid; her pupils were very much contracted and uninfluenced by light. Had great difficulty in getting anything into her stomach; was only successful by bringing her tongue well forward and carrying the spoon containing the liquid administered back into the pharynx. In this manner I gave an emetic and fifteen to twenty drops of fluid extract of belladonna every half hour. I will here remark that I had no stomach pump. After the expiration of two hours, the pupils began to dilate, followed in another hour by vomiting and return to consciousness when aroused. The vomited matter consisted of liquid smelling strongly of pennyroyal. The belladonna was now discontinued and strong coffee administered; the tendency to sleep continued. At 5, A.M., I allowed her to sleep undisturbed, from which I found her awakened on my return at 9, A.M., and learned from her that on retiring at 9, P.M., she had taken a teaspoonful of oil of pennyroyal (a bottle containing the same I found on a shelf in the room), in order to bring on her menses, which had been due several days, and that she had taken no opium or its preparations. Mr. L. went away after tea, leaving his wife at home, and on his return at 11, P.M., found her in bed asleep, in the same condition I found her. Her menses commenced on the 17th, and went through their usual course. She had considerable irritation of the stomach, which subsided in a few days. The symptoms being analogous to those arising from an overdose of opium, I at first attributed them to that cause, but after hearing her statement I could not do so.

Query.—Is there any case on record of oil of pennyroyal having produced similar toxic effects? Was recovery attributable to the influence of the belladonna?

W. A. WILCOX, M.D.

St. Louis, Mo., May 29, 1868.

Hospital Reports.

BOSTON CITY HOSPITAL.

Notes of Operations during the month of May, 1868.
Reported by FRANK W. DEAPER, House Surgeon.

CASE I.—*Dislocation of lower end of Tibia inwards; Reduction.*—(Service of Dr. GEO. DERBY.)—A. L. T., aged 47, while at work at his occupation as a carpenter, was thrown down by a falling beam. As he struck the floor on which he fell, he received upon the right leg, a few inches above the external malleolus, the full force of a blow from the beam, which in descending had grazed his shoulder. The deformity produced was characteristic; the foot was thrown outward and turned somewhat upward, and the internal malleolus appeared as a well-defined prominence, with a depression beneath. Immobility of the ankle-joint was complete. The fibula was not fractured.

The patient having been fully etherized, extension was made in the axis of the whole limb, but without success. The knee was then flexed at a right angle, and extension again made, the foot being at the same time rotated powerfully inwards. The luxation was reduced with a loud snap. Considerable pain and swelling ensued during the following week, but the recovery progressed well, and the patient was discharged on the fifteenth day after the injury, with only inconsiderable stiffness in the joint.

CASE II.—*Compound and Comminuted Fracture of Cranium; Trephining.*—(Service of Dr. GEO. DERBY.)—J. E. M., a boy four years of age, was playing, three quarters of an hour before entrance to hospital, about a building upon which masons were at work. A brick fell from the second story of the house, a distance of about twenty feet, and struck the boy directly on the vertex. A straight, perfectly regular scalp wound, an inch and a half long, was made in the median line, over the sagittal suture, its posterior extremity being about three fourths of an inch anterior to the apex of the lambdoidal suture. There was a wound of the pericranium sufficiently large to admit the tip of the little finger. Through this opening, a probe could detect denuded bone over a surface half an inch in each direction. A depression of the cranium was easily determined, of a regularly circular outline, with a diameter of 2 inches. The point most depressed was just beneath the wound in the scalp. The pupils of the eyes were equally and quite fully dilated, but were

readily acted on by light. The respiration was easy and natural. The patient was in a semi-conscious condition, but could be readily aroused, so that he would answer questions intelligibly. Pulse 104, full, but slightly irregular.

The patient having been etherized, the scalp was shaved, and the wound enlarged by incisions, so as to expose the injury. The fracture was found to be stellate, the point of greatest depression being in the sagittal suture, directly over the longitudinal sinus, and three eighths of an inch below the level of the surrounding bone. There was slight arterial hæmorrhage from between the depressed fragments, at their lowest part. The trephine was applied in the sound parietal bone, and a small button removed just at the line of fracture. An attempt was made to elevate the depressed portions, but the fragments were perfectly wedged. The opening in the sound bone was enlarged by the removal of a small projecting point by means of a Hey's saw, and two large fragments of depressed bone were removed with a pair of ordinary wire pliers. The space thus uncovered was entirely at one side of the median line, and measured one inch and an eighth in breadth and two inches in length. A third fragment, on the opposite side of the sagittal suture, was allowed to remain, its immobility necessitating for its removal more force than it seemed justifiable to use.

The removal of the depressed portions exposed a considerable hæmorrhage of mingled venous and arterial blood, from a small opening in the *dura mater*. This was effectually checked by a small sponge placed directly in the wound, and held in place by a roller bandage under the chin.

During the entire operation, the patient's pulse continued good. Recovery from etherization was ready, and without any nausea. No cerebral symptoms supervened, and the general condition was satisfactory.

During the early part of the next day, there was no change in the symptoms, consciousness remaining good, and no unfavorable appearances manifesting themselves. But towards the close of the day, an active fever was developed, with nausea and vomiting, rapid pulse and marked thirst. The pupils continued normal. At the twenty-fourth hour after the injury, there was a well-marked convulsion, confined entirely to the right side, the right upper and lower extremities being actively convulsed by regular tonic spasms. The face was undisturbed. As the convulsion passed away,

it was found that there was loss of motive power in the affected limbs, although there was well marked motion on exciting the reflex power by the application of ice to the palm and sole, or by tickling. Sensation in these limbs seemed unaffected. The muscles of the eye, face and tongue were normal, and the tongue protruded in the median line. The left side of the body was perfectly well, the disability being confined to the side opposite to that from which the pressure on the brain had been removed. Directly after the spasm passed off, its duration having been five minutes, the patient relapsed into a drowsy state, from which he was aroused without much difficulty.

Six hours later there was another convulsion like the first, but less marked. It was accompanied with free vomiting. The right leg, which had now lost its power of voluntary motion almost entirely, was warmer than the left, and this condition continued throughout the disease as long as paralysis lasted.

Meanwhile, the patient had taken milk quite freely, and was without pain. The wound was left alone, and no remedies were administered, save ice to allay the thirst. The pulse ranged from 128 to 150, and was generally regular and full. Intelligence remained perfect. The bowels were moved freely and voluntarily, and micturition was perfectly normal.

In the afternoon of the third day there was a recurrence of the fever of the day previous. The patient showed a decided disposition to sleep. No attempts were made to prevent this, and he was kept in a cool, darkened ward. Forty-five hours after the operation, the sponge was removed from the wound; the cranium and *dura mater* were perfectly clean and unirritated. Pulsation of the brain was very distinct. The flaps were partially apposed and retained by adhesive straps.

On the following day, suppuration commenced in the wound. The patient showed an obvious improvement. He was brighter, took notice of objects about him, and smiled on provocation. There was no fever; the pulse was 116 and regular. The pupils were still normal. The hemiplegic symptoms remained unchanged.

During the next five days there was no noteworthy change in the condition. The constant tendency was toward improvement. The patient lay quietly in bed, without pain or discomfort. There was a constant discharge of laudable pus from the scalp wound, and the denuded bone and membrane were slowly closing over with

healthy granulations. Milk was taken freely, and constituted the only diet. The patient slept well, and all the functions were regular. There was no apparent constitutional disturbance.

On the ninth day of the injury, a well marked *hernia cerebri* was developed, following prolonged mental agitation, with crying. When first seen it was of the size of a large pea, and it protruded from the surface of the *dura mater* just outside the boundary line of the longitudinal sinus, at the anterior part of the wound in the scalp. It pulsated very visibly, and any unusual excitement especially aroused the throbbing to a marked degree.

From this date onward, during the following five weeks, the only noteworthy change was in the appearance and development of this growth. There was a gradual improvement in the general condition of the patient. He ate well (bread and milk constituting his diet), and slept well. His intelligence, which, since the accident, had been rather less active than before, became brighter. The paralysis remained unchanged, not the slightest power of voluntary motion having been manifested. The reflex power was retained in very slight degree in the foot, but not at all in the affected hand. The sound limbs, as before, during the history of the case, were cooler than the paralyzed.

Meanwhile the hernia of the brain steadily developed, the patient lying all the time in a horizontal position in bed. In a month it had increased from the size of a small filbert to that of an English walnut. It was covered with healthy granulations, which produced a moderate amount of laudable pus daily. At times, the pulsations were very strong; they seemed to correspond in relative force with the state of the circulation in other parts of the body. On the thirty-ninth day after the injury, he was taken from bed, and supported in a chair in an upright position, by means of pillows. He sat in this position two hours; and, as a result, the change in the appearance of the tumor was very striking. It receded to a marked degree, its size being diminished the first day nearly one third. He was subsequently permitted to sit up a portion of each day, with manifest, though less marked improvement in the appearance of the hernia. The scalp wound, in the mean time, very slowly closed in from its edges, with healthy, but rather indolent granulations. The denuded bone was entirely covered in this way, but a probe, passed through the new growth, detected, beneath, the surface of the parietal bone deprived

of its periosteum. No dressing was used, except a light compress over the wound, the accumulated discharges being daily cleansed by tepid water.

On the morning of the day, exactly six weeks from the time of the accident, it was observed that the relative temperature of the two lower extremities had changed, and the paralyzed limb was now cooler than the other. In the hands, there appeared no decided alteration. Six hours later, just six weeks from the hour of the convulsion which preceded the hemiplegia, the patient recovered power of motion in both the affected extremities, moving them both voluntarily, but having more control over the lower than the upper. The temperature in both sides of the body became now apparently the same, and has since continued so. With this unexpected gain, and with all the symptoms positively favorable, there seems to be a fair prospect of a good recovery.

Reports of Medical Societies.

NORFOLK DISTRICT MEDICAL SOCIETY OF MASSACHUSETTS. WM. H. CAMPBELL, M.D., SECRETARY PRO TEM.

A STATED quarterly meeting of the Norfolk District Medical Society was held at the Phoenix House, Dedham, July 8th, 1868, at 11, A.M., the President, Dr. Cotting, in the chair.

The records of the preceding meeting were read by the Secretary, Dr. Jarvis, and accepted.

Dr. A. LeB. Monroe, of Medway, read a paper on "Opium Antagonism," in which he reviewed the conflicting statements concerning the antagonism said to exist between opium and the Solanaceæ—especially belladonna. He showed that the theory was not a new one, and that there were good grounds, theoretically, for such a conclusion, but that in his experience he had never found any such antagonism to exist, therapeutically, and thought that he had seen harm done by administering one in the hope of counteracting the effect of the other. He advised that in case it was tried the doses given should be comparatively small and closely watched. He further remarked that it was difficult for him to understand how good and careful observers could, after making experiments, come to conclusions so totally different.

Dr. Martin, of Roxbury, said it was an

old idea that all substances which dilated the pupil would counteract the effects of opium, and that opium would counteract the poisonous effect of those that dilated it.

Dr. E. Stone, of Walpole, and Dr. Hazleton, of Mattapan, also made some remarks, all tending to cast doubt on the value of the one as a reliable antidote to the other.

The President read a paper, for Dr. Field, of Harrison Square, on "The Present State of the Tubercle Question," showing that this question is still vexing some of the wisest in the profession at home and abroad; that while one prominent writer on tubercular inoculation asserts that "to doubt is now no longer possible," many are still unwilling to believe that tuberculosis can be induced by inoculation of tubercular matter with much if any more certainty than by the inoculation of other foreign substances, as, for instance, sulphur, cinnabar, &c., as shown by Barignan in 1824, or fat as demonstrated by Behier in the recent discussions. Indeed, Prof. Behier declares that the question is still open, and requires other and more exact experiments before its study can be pursued with prospect of success. One of the extreme radical views now makes gray tubercle the only *true* tuberculous product, the yellow being due (according to this view) to a caseous transformation of venous products—generally those caused by chronic pneumonia. As yet, so far as the present discussion goes, the inoculability and the specific nature of the affection remain unsettled.

The President added, that some years ago an opinion was hazarded in this Society that "the causes of consumption are infinitely various," that "in the present state of our knowledge consumption seems to be a method designed to remove those whose mortal bodies have, from whatever cause, fallen below a normal condition," &c. This opinion, though harshly and unjustly denounced in high places as one which "if applied generally in the investigation of all diseases would forever check improvement in medical art"—this opinion receives much support in the course of the present discussion, and especially from Prof. Pidoux, who maintains that phthisis arises from internal or pathological causes, from common causes, and as the ultimate consequence of other diatheses, concluding with the impressive remark that "phthisis is not a disease which begins, it is a disease which finishes!"

And further, evidence still accumulates

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of "the universal existence, prevalence, and inexorable progress" of the disease. Though there be a favorite theory in each locality for its existence (and these theories are as various as the places are numerous), it has been truly said, "it is evident that when a noxious cause is in power and predominates in a place, it is sufficient to originate and spread the evil there, but this is not a reason for denying or ignoring the influence of other causes, which in other places, together or singly, produce the same thing, as experience shows."

A few recent authorities were then cited, tending to show that many causes were at work in the product of tuberculosis; and that people died of it in all climates and in all sorts of circumstances.

Dr. Martin said that, in confirmation of the view that phthisis might be designed to remove the weak and otherwise degenerated, he would mention his own observations among hybrid races. He found tuberculosis vastly more common and more destructive among the mulattoes, for instance, in North Carolina and in the South Western States, than among the pure blooded of either the white or the black race in the same localities. He said further, that men who entered the army in the hope of recovering from the disease, often improved very much, if the disease had not gone too far, through the good effects of out-door life and air.

Dr. Hazleton said that he had spent several months on the west coast of South America, and that at Lima, where it is said never to rain, the disease in question is very rife. There were, however, some small places, near by, where it was said patients recovered from it. The inhabitants are mostly mixed races of Indians, descendants of ancient Peruvians, and Spaniards.

Drs. Jarvis, of Dorchester, and Bacon, of Sharon, offered interesting remarks on the subject, to nearly the same effect.

After a short recess for dinner, the subject assigned for discussion was taken up, viz., "The Standard of Medical Education."

Dr. Campbell, of Roxbury, one of the appointed disputants, read a paper, in which he said that the faculties of colleges, standing as it were in the focus of the subject, could hardly be expected to see it in the same light as those do who are farther removed; but that from the point which he occupied it seemed as if all was done that could be to increase the number of students, without regard to personal capacity or attainments, or the wants of the community. And from this cause doctors were made too

easily for the good of the profession, might he not say, of the public. To remedy defects in medical education, it had been proposed to increase the length of the lecture term, to multiply the number of lectures in a term, and to increase the number of terms; but he thought the true remedy was a thorough examination *before matriculation*, to see that the student was well up to the standard of preparation now required, as it was seldom known whether the student was up to that standard or not. He spoke also of the relation of student to tutor, and said that certificates of study often came from men who had never imparted one word of instruction to the pupil, and even from men who had no authority to give such certificates. He thought that the student should labor with his preceptor, and learn the art by assisting in the practice of it from day to day. To sum up, he thought the proper course would be—

1st, To guard the entrance to the profession, and admit none to the medical classes who were not properly qualified.

2d, To insist on three full courses of instruction, such as that, for instance, now given in the Harvard Medical School, with the understanding that strict attendance on the lectures, the hospital, and other practice, will be required; and

3d, That at least one year shall be spent in practice under the direction of a good practitioner—in short, a year's apprenticeship.

Dr. Waldock, of Roxbury, also read a paper, in which he claimed that the examination for degrees was not thorough enough, and that the admission to the profession of so many not thoroughly prepared was an injustice to those already in.

Dr. Martin thought that it was a matter of pecuniary interest, to professors to have large classes, and that while that was the case there was little hope of reform, and advocated a national college, with professors paid a fixed salary without regard to the number of students.

Dr. Jarvis thought that the standard of medical education had risen very much since he left college, and that altogether we had better men coming out now than at that time.

Dr. Waldock thought that what was needed was a centralization of the power to grant diplomas, and a discouragement of small colleges.

Dr. Campbell suggested that the only way to arrive at any good result was to agitate the matter before the State and County Societies, as practitioners were

really the persons most affected by the present system. It was their place to lend an active hand. State legislatures would do nothing to check the evil, and the colleges had done nothing practically.

Dr. Bacon reported a case of puerperal convulsions. The patient, a primipara at the sixth month of pregnancy, after a long sleighride on an excessively cold day, was taken with a feeling of vertigo, which was soon followed by coma. After the ineffectual use of chloroform and venesection, when between twenty and thirty fits had occurred, labor was induced. After this the convulsions became less violent and less frequent, but she died without return of consciousness.

Dr. Bacon said he would like to know what the members thought of the course pursued, as it had been said by a physician, at the time, that labor should not have been induced, but left to itself, and the disease combated in some other way.

Dr. Martin thought that if there was any blame, it was in not delivering soon enough.

Dr. Bacon said that was his own opinion; and, on his motion, it was voted that the subject for discussion at the next meeting of the Society be *Puerperal Convulsions*.

At 3½, P.M., adjourned.

Bibliographical Notices.

A Practical Treatise on the Diseases of Children. By D. FRANCIS CONDIE, M.D., Fellow of the College of Physicians, &c. Sixth Edition, revised and enlarged. Philadelphia: Henry C. Lea. 1868.

DR. CONDIE'S work may be fairly considered a standard authority on the important class of diseases on which it treats. Writing from an extended practice of his own, he has also taken special pains to cite everything of importance that he could find in the works of other writers on the subjects of which he treats. These citations form a very valuable feature in the work, many of them being quite recent. The views of others, especially when differing from those held by the author, are given with great fairness, and all superfluous hypothetical reasoning has been excluded as far as possible, the aim having been to render the work, in the words of the title, "*A Practical Treatise*." In this he has certainly succeeded, and the number of the present edition shows that the profes-

sion are not insensible to its solid value. We cordially recommend it as a safe and wise counsellor, especially to the young and more inexperienced of our professional brethren. The book is printed in a large and clear type, very agreeable to the eye.

Obstetric Clinic: A Practical Contribution to the Study of Obstetrics and the Diseases of Women and Children. By GEORGE T. ELLIOT, Jr., M.D., Professor of Obstetrics and the Diseases of Women and Children in the Bellevue Hospital Medical College, Physician to Bellevue Hospital, and to the New York Lying-in Asylum, &c. &c. New York: D. Appleton & Co. 1868.

THE plan of Dr. Elliot's work is a most excellent one, and no one is more competent for the duty which he proposed for himself in undertaking it. After a service of fourteen years in Bellevue Hospital, during which he had been most diligent as a clinical instructor, he determined, at the commencement of his service in the spring of 1867, to make the most interesting cases which might come under his observation the basis for a volume of strictly clinical character, but which should also contain a general exposition of his views on obstetrical questions, illustrated by the cases which had accumulated on his hands or had been published in journals not easy of access. This plan enabled him to give to the book, to a considerable extent, the style and phraseology of a lecture, each chapter beginning with cases occurring in his hospital service, which serve as texts for the chapter. The result is a series of chapters on some of the most important subjects connected with midwifery, such as Albuminuria in its relations to Pregnancy; the Prophylaxis of Puerperal Eclampsia, its Varieties and the various Methods of treating it; the Relations of Epilepsy to the Puerperal State, and Puerperal Mania; Ante-partum and Post-partum Hæmorrhage; the Induction of Labor; several of the Mal-presentations in Labor, with Rupture of the Uterus; Deformed Pelvis in its relations to Labor and the Artificial Delivery in these Cases; Version; Inflammatory Complications in treating the Diseases of Women; Abnormal Conditions of the Bladder in Women; Compression of the Funis; and Retropharyngeal Abscess. Each subject is illustrated by cases, many of which are of extreme interest, and the record of the fatal ones is completed by a report of the autopsy when it could be obtained. The style of the book is eminently attractive, and calculated to

impress its teachings most forcibly upon the reader. As a whole, we know of no similar work which has issued from the American press which can be compared with it. It ought to be in the hands of every practitioner of midwifery in the country. The typography of the work is the perfection of elegance. Messrs. Lee & Shepherd have it for sale. A.

Medical and Surgical Journal.

BOSTON: THURSDAY, JULY 23, 1868.

THE DUTIES OF HOSPITAL PHYSICIANS AND SURGEONS.

THE past week has been signalized to our medical community by the opening of a new pavilion in the Carney Hospital, at South Boston. This will add a very considerable number to the beds for the sick furnished by charity in our midst; and ultimately, no doubt, will be followed by a larger increase, both there and elsewhere.

The professional field must again be gleaned to furnish a medical and surgical staff; and the choice will doubtless fall, in part at least, on some of the younger members of the body medical.

Far be it from us to say that the young men will not make the most efficient officers. But the whole question of the increase of charity medicine, and of the rights and duties of medical men in connection with such institutions, is so important, that our readers can well afford to spend a few minutes in its consideration.

The needless increase of free dispensary and hospital treatment is an abuse. It is a vital injury to the young physician, who must live on the small fees obtainable from just those middling classes of the community whom the dispensary system invites to a gratuitous treatment.

We hold it, therefore, to be strictly the duty of the dispensary physician, or the physician to out-patients at a hospital, to distinguish carefully between those applicants who should pay something and those who cannot; and either to exclude the former, or to enforce the payment of suitable fees for the support of the charity which is to feed the poorest class.

We hold, also, that it is the right and duty of the hospital staff to be paid for their services, a moderate salary; not in proportion to the work they do, for no hospital could afford that; but just enough to furnish an acknowledgment of the fact that their services are recognized and compensated.

Such a claim could not be considered venal or narrow on the part of our profession, unequalled and unapproached by any calling in life in the amount of gratuitous service it unavoidably and cheerfully renders to the world.

In the second place, we would say a word on the *duties* of the hospital staff.

Their first duty is to the hospital patients; to treat them as kindly and as patiently as their private *clientèle*. And so, to their honor be it spoken, we believe they almost universally do. And we trust that the day is far distant when the customs of some parts of Europe shall be introduced among us, and the human being be lost sight of in the morbid interest of his case.

But the next and farther duty of the hospital physician is to the profession, to knowledge, and to students in medicine. It is his duty to demonstrate his cases; to impart his experience; to teach clinically all who choose to hear him. He is practically put in the position of a law-giver to his brethren. From our hospitals emanate the doctrines, the experience which guide us all. There only is the opportunity afforded of treating disease uniformly and on a large scale, remote from the disquietude and interruptions of friends and of the patient himself. And, more particularly, in our day, is the superlative importance of clinical teaching recognized and valued.

Modern custom brings together in our cities large classes of young men, who come to study medicine where clinical facilities are freely furnished. Every motive both of private interest and public welfare appeals to our hospital staffs to make the most of their facilities in instructing others and in striving to make our city what it might be, but what it has not been hitherto, a true medical centre, unsurpassed in this country.

DEATH FROM CHLOROFORM.—KOHNEIM'S NEW VIEWS.—We are permitted to quote the following from a private letter. Our readers will recall the very full *résumé* of Kohnheim's researches on the transudation of the white blood-cells, given in late numbers of the JOURNAL.

"One of Bilroth's patients died the other day under chloroform. The case was one of simple injury to the hand, and chloroform was given in order to facilitate the examination; the patient quietly ceased to breathe, and an immediate tracheotomy failed to help him. Another case, illustrating the great occasional danger from this anæsthetic, I saw in Braun's clinique. It was a removal of a fibrous tumor from the uterus, and the patient was with the greatest possible difficulty saved.

"What a change Kohnheim's new theory of the passage of the white blood corpuscle through the coats of the vessel, has made in pathology! Virchow seems to be supplanted by his pupil, and the third edition of Bilroth's Surgical Pathology shows great changes from the second." R. H. D.

FORMATION OF FAT FROM FLESH.—If anything were wanting to show the imperfect condition of our knowledge even of those sciences in which rational medicine is presumed to have its foundation, the results of Professor Pettenkofer's recent inquiries would supply all that the most determined sceptic could desire. To be told, after all we have learned of physiological chemistry, that fats can be formed in the body as the result of a chemical metamorphosis of pure albuminoid matter, is enough to shake the faith even of the most orthodox. Yet this is what Herr Pettenkofer announces as the conclusion arrived at from a long series of practical experiments and scientific reasonings. Doubtless there are many who will look upon the new doctrine as one without a shadow of probability; and we confess it would be difficult to find fault with such. But a little reflection and a consideration of the phenomena involved in the production of that well-known and remarkable substance adipocere (or bog-butter) will tend to clear a way to the admission of the startling proposition which comes to us from the Royal Laboratory of Munich.

Herren Voit and Pettenkofer, in publishing a result which must materially modify the laws of physiology and hygiene, urge as a farther illustration of what they have

demonstrated as a scientific problem, the familiar instances of the sucking pig and the wax of the common bee-hive. Here, they say, we have the existence of definite fatty substances whose quantity is infinitely greater than that contained in the material from which it is obtained. As a mere chemical illustration of the force of their views, they refer to the development of fatty acids in the decomposition of ordinary albumen. These, say the Bavarian chemists, are striking indications of the possibility of converting albuminous substances into fat, and yet physiologists have overlooked them in their acceptance of a theory of the formation of fat from hydrocarbons—a theory which is absolutely undemonstrable. But as hypothetical argument meets with little favor from practical men, and as the *experimentum crucis* is looked to as the highest test of a sound empiricism, we shall lay before our readers some of the very singular experiments which have been conducted by Professors Pettenkofer and Voit.

The first animals selected for experiment were dogs, and others were submitted to a starchy diet; but what were the results? The dogs fed upon albumen absolutely fattened upon it, and fatty matter was found in their excretions. Those, on the other hand, whose diet had been starchy never fattened at all. A nursing bitch was next selected for experiment. She was fed upon several varieties of food, but was found to form the greatest quantity of fat from pure flesh; indeed, when she was fed upon a mixed diet of flesh and hydrocarbons, it was discovered that the quantity of fat and sugar in her milk had sensibly diminished. An objection to the conclusions drawn from these inquiries—at least so far as they refer to man—might be found in the fact that carnivorous animals may differ from omnivorous with regard to the physiology of digestion; but this objection would, we apprehend, be more apparent than real.

However, even on this point the opponents of the new hypothesis would be fully met by the experiment we are now about to detail. A milch cow having been set apart for observation, she was watched from hour to hour for a period of a week by Herr Voit's assistants, and the urine having been carefully collected, the results given below were arrived at, and for their accuracy Herr Voit pledges his reputation as a chemist.

"In the course of six days the cow consumed in meal (?) and hay 1407 grammes of nitrogen, and eliminated 1440 grammes in the urine, excrements, and milk, the dif-

ference thus corresponding to about 2 per cent. In the 80.6 kilogrammes of hay and the 14.7 kilogrammes of meal there were 2663 grammes of fatty matter; 1044 grammes were found in the excrements, and consequently 1619 grammes were introduced into the circulation. In the urine, weighing 178 kilogrammes, were found 562.4 grammes of nitrogen. If we calculate the quantity of corresponding albumen, and the quantity of carbon contained in this albumen, we find that the latter is equivalent to 2220 grammes of fat, which it is necessary to reduce to 2120 only, because 4.5 per cent. of the carbon remains united to the oxygen after decomposition of the albumen. The 57.3 kilogrammes of milk contained 1877 grammes of albuminoid substances, 1976 grammes of fat, and 3177 grammes of sugar. The albumen in the body may thus produce 144 grammes of fat more than is found in the milk. Now, the carbon of the sugar of milk corresponds to 1670 grammes of fat, whilst the 144 grammes in question, added to the 1619 of the food, make a total of 1763."

The immense difference between the ingested and egested fat shows clearly enough that it is not necessary to have recourse to the hydrocarbon theory to account for the development of fat in the body. "Consequently (say the Munich *savants*) it is extremely probable that, even in herbivora, hydrocarbons do not furnish matter for the formation of fat, but allow of its development by being consumed, and thus supplying what it would otherwise provide for." Whatever may be the ultimate decision, as regards these surprising results, one thing is certain—the hypothesis which has been promulgated by Herren Pettenkofer and Voit is one of the highest interest to the physiological chemist, and one which must leave its mark on the physiology and practical medicine of the future.—*Med. Times and Gazette*.

OVARICTOMY.—DR. PEASLEE exhibited, at the New York Pathological Society, an ovarian tumor, and remarked upon it as follows:—

I have brought this here for the sake of showing an interesting point in diagnosis, as I thought it would prove to the Society, and not because of any interest that may be possessed by the tumor itself. It is an ovarian tumor removed from a woman some hours after death, and hence has no interest in connection with an operation. This patient I first saw four weeks ago, she hav-

ing been tapped eighteen times, and there having been removed from thirty to sixty pounds of fluid at the different tapplings. She had always rallied after these without symptoms of inflammation, but she was not then in a condition for a removal of the tumor, and if she had been, I should have first preferred, as I always do (unless there is some particular reason to the contrary), to tap her once myself in order to perfect the diagnosis. This diagnosis, I may say, remained somewhat doubtful. She had been tapped by two different physicians, and so far as I could learn no decided opinions as to the precise nature of the tumor had been expressed. I found the circumference of the abdomen about forty inches. The appearances presented were those of a monocystic ovarian tumor. Examining her per vaginam, I felt a very solid, unresisting mass projecting into the pelvis. Fluctuation through the abdominal wall was very distinct; the uterus was in the natural position, and the sound passed in to the natural extent, two and a half inches. (I may mention here that she had given birth to one child.) I regarded the tumor as ovarian, tapped her, and drew off 60 pounds of fluid from a single sac. The remaining portion of the mass that I felt in the pelvis per vaginam was then brought into view. I then examined the woman with a sound to ascertain whether, after all, this might not be a fibro-cystic tumor of the uterus. I could introduce the sound, and hold the uterus up above the symphysis pubis, and make it so prominent that I could take it in my hand and feel every portion of it distinctly. I could feel the fundus of the organ and the pedicle of the tumor separated from it and extending into the mass, giving a perfect demonstration that it could not be a fibro-cystic uterine tumor. The pedicle, as seen here, is about two inches in depth and very delicate. I proposed, after the tapping, to await the result of her refilling, which I concluded would be in about three weeks, when I should be prepared to remove the tumor. She went on for five or six days, when she was seized with a bilious attack, and vomited a great deal. This reduced her considerably; but she recovered, to be attacked a week afterwards by bronchitis, from which she sank.

This sac, on examination, presents some interesting points. It appears to be extremely thick, but the least traction will tear it. That thickness is apparently the result of successive inflammations; still she never complained of any of the usual symptoms of such a complication during life.

The sac is lined throughout by a soft pulpy exudation, which makes up more than half of the thickness of the sac itself. You see here whence proceed these long strings of exudation which so frequently block up the catheter during an operation, yet, strange to say, in this instance nothing but a highly albuminous viscid fluid escaped through the canula.—*N. Y. Medical Record.*

DISLOCATION BACKWARDS OF THE RIGHT RADIUS AND ULNA, THE FOREARM BEING IN THE POSITION OF EXTREME EXTENSION.—Dr. Helm reports the case in the *Lancet*.

A—, on February 22d, 1867, fell, when jumping, and injured his right arm. Thinks he has broken it. When I saw him, he was lying on a bed, the arm being extended on a pillow, with the hand pronated, and the forearm extended on the humerus beyond the straight line, so as to produce a bowed appearance, which immediately attracted my attention. The olecranon could be seen projecting under the skin at the posterior surface of the upper arm, giving the limb a very deformed look, by reason of its position at a point considerably higher up the arm than that which the fold in the skin anteriorly pointed to as the natural position of the elbow-joint; so that the upper arm looked of a natural length and form when viewed anteriorly, but very short and deformed when viewed from behind. The head of the radius could be distinctly felt behind the humerus, and considerably above the outer condyle, which could not be felt, though its position could, of course, be inferred from that of the internal condyle, which was very distinct. The olecranon must have been quite two inches higher up the arm than is natural in the state of extension. There did not appear to be any separation of the bones of the forearm, the radius retaining its relative position to the ulna; and the lower end of the humerus could be felt projecting in front. There was very little swelling of the soft parts, and I was unable to detect any fracture, though the reduction of the dislocation, easily accomplished over my knee by reason of the faintness of the patient, was attended by a very disagreeable grating sound, unlike what is heard in the reduction of most dislocations. An angular splint was loosely applied.

March 6th.—No bad symptom; motion perfectly restored. Was seen to-day by Sir Wm. Fergusson, who could scarcely believe that the joint had been so severely injured, so sound was it and well.

REMARKS.—The above is a case of the or-

dinary dislocation backwards of the forearm, with the single exception of the limb being extended instead of more or less flexed. This arose, I think, from the great distance which the olecranon was drawn up the posterior surface of the humerus; and it is only on the supposition that, in this case, the triceps muscle from some cause had it all its own way, and, by reason of its sudden and powerful contraction, aided, perhaps, by the position of the arm at the time of the accident, was enabled to draw the olecranon so far up the back of the shaft of the humerus, that the position of the bones can be accounted for. The forearm could not have assumed the position it did unless the coronoid process of the dislocated ulna had, with the permission of the flexor muscles of the forearm, cleared the olecranon fossa; for this process and the flexor muscles, the one by fitting in a measure into the olecranon fossa, whilst the surface below was across the lower end of the humerus, and the others by their strength of resistance and contraction, would almost necessitate that the bones should, as they usually do, form an angle with the humerus. But when the coronoid process is drawn such a distance up the shaft of the humerus that it is above the level of the olecranon fossa, then there is every reason why—the flexor muscles permitting—it should rest against the posterior and inner aspects of the humerus, under which circumstances the position of the extension must occur, just as much so as one of flexion does in cases where there is a less amount of dislocation. Looked at in this light, the amount of extension is an index of the extent of the dislocation.

DETECTION OF ARSENIC IN CASES OF POISONING.—M. Buchner has several times recognized the presence of sulphide of arsenic in the bodies of persons poisoned by arsenious acid. Certainly this fact has never been observed except where the corpse has been in a more or less advanced state of putrefaction; the sulphurization would appear to be due to sulphuretted hydrogen, a constant product of putrefactive decomposition. The last observation upon this point M. Buchner has made, was upon the remains of a woman who had been poisoned eleven months previously. The large intestine was in full decomposition, and there were yellow marks upon the mucous membrane, caused by a fine powder which could be removed by washing. This powder resembled the yellow deposit which is produced in arsenical solutions by sulphuretted hydrogen; further, it gave the characteristic

reactions of sulphide of arsenic. Examining now whether the arsenic had been administered as sulphide, he concluded in the negative, for the following reasons: The contents of the stomach and small intestine being boiled with hydrochloric acid, and the vapors from the distillation of the acid collected in water, in a few minutes a quantity of chloride of arsenic was obtained; such would not have been the case with sulphide of arsenic, notwithstanding that this sulphide is not absolutely unacted upon by boiling concentrated hydrochloric acid. The sulphide of arsenic being insoluble in pure water and in acidulated water, it would not be carried into the circulation, also it would not be found in the liver and spleen, both of which in this particular case were saturated with arsenic. A part of the stomach and small intestine cut up and placed in the dialyser with water acidulated with hydrochloric acid, gave at the end of twenty-four hours a solution containing arsenious acid in sensible proportion, a fact proving that all the arsenic had not passed into the state of sulphide—*Chemical News*.

SPIRITUALISM OUTDONE.—In the good old times, when it was the fashion to burn witches, it is probable that in many a case a coincidence of physical and mental causes, such as we are about to mention, may have had the effect of bringing a spiteful old crone to the stake. It appears that at the Limerick Sessions two men were charged with having assaulted a relative. The prosecutor summoned his own father as a witness. The mother of the prisoners, exasperated at the prospect of her sons being sent to prison on the evidence of her own relative, gave expression to her feelings in a malediction, praying that when the old man left the witness box he might be paralyzed, and paralyzed he was accordingly, and had to be taken to Hospital. Such miraculous illness not yielding readily to ordinary modes of treatment, the old lady has been requested to remove her curse by spitting on the patient; but this she sternly refuses to do, and the man remains in Hospital. This beats modern spiritualism hollow. If Mr. Home and his disciples could only produce a few such striking effects, there are many persons, whom the most rigorous scientific investigation would fail to convince, "contrary to the evidence of their own senses," that the connection between cause and effect is something more definite and invariable than the chance link which, in illogical minds, gives to a coincidence the factitious value of an effect.—*Med. Times and Gazette*.

Selections and Medical Items.

CASE OF HEMIDIAPHORESIS. *Mr. Editor.*—I have a case of hemidiaphoresis in mind, recalled by reading the case of Dr. Meschede, in a late issue of the JOURNAL.

J. W., aged 22, while in the army, six years ago, contracted chronic diarrhoea, which confined him to hospital for several weeks. Upon his recovery, he first noticed the phenomena of profuse perspiration of the left side of his face, which condition still continues, nearly six years after it was first observed.

His health is perfect in every other respect, and his mind is clear and strong, but every few minutes, winter or summer, he is obliged to wipe away the sweat from one side of his face. He is now a farmer, strong and energetic.

H. C. ROBBINS, M.D.

Dement, Ill., July 1, 1868.

ETHER SPRAY AS A STYPTIC.—Dr. Porteous reports the following case in the *Lancet*:—

S. P., a girl 20 years of age, came to this institution at 10, A.M., on the 14th of this month, suffering from considerable hæmorrhage following the extraction of a lower molar. The tooth had been drawn at 7 o'clock the previous evening, and the hæmorrhage immediately commenced and continued all night, sometimes so profusely as nearly to choke her. Cold water and perchloride of iron were applied, which temporarily arrested the hæmorrhage. But after the patient had been home only a short time, the bleeding began with renewed vigor. At 3 o'clock, P.M., she came back here, very weak and frightened. Nitrate of silver was applied, the alveolar cavity stuffed with lint, and a bandage placed so that the jaws could not separate. This was kept on for six hours, and then removed, when a stream of blood rushed out, and the patient fainted. Seeing that ordinary remedies failed, I thought of ether spray; so I got some common ether and applied it by means of Dr. Richardson's apparatus, which allowed me to send the cold right down into the cavity. The effect was wonderful. After two applications, neither lasting longer than one minute, the bleeding ceased, and has not again returned.

TYPHUS IN BREMEN.—The Bremen papers state that at a late meeting of the sanitary authorities of that city, Dr. Focke drew attention to some peculiarities of the typhus epidemic, which had come under his observation. Out of the same class of persons attacked by the disease, the women suffered much more severely than the men. In 1866, the attacks among females were 25 per cent., and in 1867 at least 50 per cent. more numerous than among males. A noteworthy circumstance is that nearly 80 per cent. of all the typhus cases arose in the northern part of the city—the West End of Bremen—where the houses are for the most part of a good class. This anomaly is, in part, to be accounted for by the statement that the majority of the sufferers were servants from those houses, who not only lived all the day in basement kitchens, but slept there also, the cases being most frequent in streets where the

sewers, being near the surface, were consequently above or on a level with the kitchens.—*Lancet.*

A LADY ANATOMIST.—On June 4, 1761, a Mademoiselle Biberon, a maker of anatomical preparations at Paris, received from the King of Denmark a valuable present. She had the lucky idea of sending to that monarch a heart so divided as to exhibit its internal structure, the thoracic duct with the receptaculum, the organs of generation, an elastic uterus fitting to teach the practice of accouchements, a male and female bladder, a cæcum with its valve, a kidney, a liver, an ear, and an eye.—*Union Médicale.*

WHAT BECOMES OF THE BODIES THROWN INTO THE GANGES?—Dr. Cwatt's catalogue of the Pathological Museum of Calcutta helps to give an answer. Amongst the dismal treasures of the place are three bezoars, or balls of hair, each about fourteen inches in circumference, taken from the stomachs of alligators. The hair of which these balls are composed is described as being black and thick, and of Hindoo origin.

GAS-HOUSE ODORS FOR WHOOPING COUGH.—The Hartford physicians are in the habit of sending their patients with whooping cough to breathe the air of the gas-works. They seem to be well satisfied with the effects.—*Medical Record.*

MEDICAL DIARY OF THE WEEK.

MONDAY, 9, A.M., Massachusetts General Hospital, Med. Clinic; 10, A.M., Medical Lecture. 9, A.M., City Hospital, Ophthalmic Clinic.

TUESDAY, 9, A.M., City Hospital, Medical Clinic; 10, A.M., Medical Lecture. 9 to 11, A.M., Boston Dispensary. 10-11, A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, 10 A.M., Massachusetts General Hospital Surgical Visit. 11 A.M., OPERATIONS.

THURSDAY, 11 A.M., Massachusetts General Hospital, Clinical Surgical Lecture.

FRIDAY, 9, A.M., City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., OPERATIONS. 9 to 11, A.M., Boston Dispensary.

SATURDAY, 10, A.M., Massachusetts General Hospital, Surgical Visit; 11, A.M., OPERATIONS.

TO CORRESPONDENTS.—Communications accepted.—Case of Esophagotomy.

BOOKS AND PAMPHLETS RECEIVED.—Report of the School Committee of the City of Boston for 1867.—Memoranda: from the Clinical Course of Instruction in the Medical Department of the University of Louisiana. By Prof. Warren Stone.

DEATHS IN BOSTON for the week ending Saturday noon, June 27th, 82. Males, 42—Females, 40.—Abscess, 1—accident, 3—anaemia, 1—disease of the bowels, 2—inflammation of the bowels, 1—disease of the brain, 6—inflammation of the brain, 1—bronchitis, 3—cancer, 2—cholemea, 1—cholera infantum, 4—consumption, 13—convulsions, 3—cystitis, 1—debility, 4—diarrhoea, 1—diphtheria, 1—dropsy, 2—dropsy of the brain, 3—drowned, 2—dysentery, 1—erysipelas, 1—scarlet fever, 3—gastritis, 2—disease of the liver, 1—inflammation of the lungs, 5—marasmus, 1—measles, 2—paralysis, 1—premature birth, 1—puerperal disease, 1—pyæmia, 1—rheumatism, 1—spina bifida, 1—suicide, 2—unknown, 3—whooping cough, 1.

Under 5 years of age, 32—between 5 and 20 years, 5—between 20 and 40 years, 22—between 40 and 60 years, 14—above 60 years, 9. Born in the United States, 54—Ireland, 21—other places, 7.

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{ Vol. I. — No. 24.

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Lecture Fees, \$97.50. Matriculation Fee, \$5.00.
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THE SUMMER SESSION FOR 1869

Begins Feb. 10th and continues five months and a half, with a vacation of two weeks in May. Daily recitations are held in the above departments; in addition to which Practical Chemistry is taught by systematic work in the Laboratory, and Histology and Pathology by the use of the Microscope.

Clinical Instruction, both Medical and Surgical, is given regularly throughout the year.

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Jy. 16—4519

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DR. GILMAN KIMBALL (of Lowell) has removed his office to the corner of Cambridge and Stanford Streets, Boston. Office hours from 10.30 A.M. to 2.30 P.M. My1—4f

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Mch. 10—1y.

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Jy2—34*

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May 30, 1868.

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ALBERT SMITH, M.D., Sec'y.

My14—cowta.

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Jy 18—t

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" Hypophosphite Comp (Lime, Soda, Iron and Potassa).
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" Hypophosphites Soda.
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Aug. 10,

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Ap. 16—1y

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S. OAKLEY VANDERPOOL, M.D., General Pathology and Clinical Medicine.
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Ap. 11—1y

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D. R. GILMAN KIMBALL (of Lowell) has removed his office to the corner of Cambridge and Stanford Streets, Boston. Office hours from 10.30 A.M. to 2.30 P.M.

My 7—1y

College of Physicians and Surgeons,
Corner of 23d Street and Fourth Avenue, New York.
Sixty-Second Session — 1868-69.

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Lecturer on Pathological Anatomy.

SPRING COURSE.

The Spring Course for 1868 will commence on Monday, March 16th, and will continue three months. During this time, beside the Cliniques, lectures will be given by the College Corps of Lecturers.

Two Didactic Lectures and one Clinique will be given daily during the above course; the subjects treated of in the Didactic Lectures being fully illustrated in the Cliniques.

Students who have matriculated are entitled to attend the Cliniques of the College throughout the year. Attendance on the Didactic Lectures of the Spring Course requires the additional payment of a fee of \$30, or \$5 for each separate course.

Certificates of attendance on this course will be counted as time spent in the study of medicine under the direction of a practitioner.

REGULAR COURSE.

The Regular Course of Lectures for the Session of 1868-9, will commence on Thursday, the first day of October, 1868, and will continue until the following March. This course will consist of from five to six Daily Lectures in the various departments of Medicine and Surgery, both elementary and practical, together with Daily Clinical Lectures, delivered both at the College and at the larger Hospitals.

Matriculation Fee, \$5.

Fees for the full Course of Lectures by all the Professors, \$140. For each separate ticket, \$20. Ticket of the Demonstrator of Anatomy, \$10. Graduation Fee, \$30.

The Tickets are expected to be taken out at the beginning of the session.

Students who have attended two full courses in this College, or who, having attended one full course in some regularly established medical school, shall *subsequently* attend one full course in this College, are admitted to a third course of Lectures on payment of the matriculation fee only.

Graduates of this school are admitted without fee. Graduates of other regular schools who have been in practice three years, and *theological students*, are admitted on general ticket by paying the matriculation fee.

Recent graduates of other regular schools, and students who have already attended two full courses of lectures, are admitted on payment of the matriculation fee and \$70.

Letters requiring information should be directed to the Secretary of the Faculty, College of Physicians and Surgeons, corner of 23d Street and Fourth Avenue, New York.

Students are requested, on their arrival in the city, to call at the College and register their names with the Clerk, Mr. McLendon Jan. 2—cowlye

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, JULY 16, 1868.

[VOL. I.—No. 24.]

Original Communications.

CASE OF ŒSOPHAGOTOMY.

By ALFRED HITCHCOCK, M.D., Fitchburg, Mass.

Mrs. E. J. H., aged 49, of Mason, N. H., on the 5th of January, 1867, swallowed a common brass pin. She immediately felt a pricking and slight choking sensation, and supposed the pin had passed into the stomach. She was able to swallow food tolerably well for three days, a pricking sensation only being felt, attended with a stiffness and lameness on the left side of the neck, which radiated to the left shoulder. These symptoms increased, attended with more difficulty in swallowing food, and she becoming alarmed called Dr. Kidder of Townsend, on the 12th of January, seven days after the accident. He made several attempts with his finger and sponge probang to dislodge and remove the foreign body, but without success. These efforts were followed by chills, fever and swelling, and tenderness on the left side of the neck. Only liquids could be swallowed, and always causing a pricking and choking sensation and acute pains extending to the left shoulder. The febrile state continued for about three weeks, during which time a prominence occurred on the left side of the neck, said to have been the size of a walnut and situated, as described by the family, very near the upper part of the carotid triangle. The attending physician at one time prepared to open the swelling and remove the pin, as reported by the family, but during the third week of his attendance there was a copious discharge of sanious pus from the fauces, a subsidence of the febrile symptoms, and total disappearance of the tumor.

It is to be regretted that this part of the history is received from the family, all of whom are very intelligent and reliable, and yet may lack that accuracy of anatomical description which a surgeon would give. Dr. Kidder, who first attended the case, left in

March for a distant part of the country, and his present residence is not known, and consequently no written statement can be obtained from him. During the month of March there was a constant flow of mucopurulent matter from the fauces; the breath was offensive; the pricking and painful sensations referred to the œsophagus behind the cricoid cartilage, and radiating to the left shoulder, were persistent symptoms. She occasionally attempted, and with partial success, to swallow soft solids, which usually produced choking paroxysms and induced her to despair of taking solid food. Sometimes liquids would regurgitate, but generally fluid nourishment could be swallowed in small quantities. On the 3d of April the case came under the care of Dr. J. M. Blood, of Ashby, to whom I am indebted for the remainder of the history of the case, and to whose fidelity and skill in the details of treatment, the favorable issue of the operation was mainly due. At this time, "April 3d," the patient was very much emaciated, pale and dispirited. The difficulty in swallowing liquids was daily increasing, and the offensive mucopurulent discharge continued. She felt sure she could "feel the prick of the pin" at the point before mentioned. During this month nutritive injections were used, tonics and anodynes were given, and the patient was encouraged to expect relief. On the 21st of April I saw the patient with Dr. Blood, and on the 2d and 10th of May Dr. Geo. D. Colony joined us in consultation, on the case. We decided to defer surgical interference (except the passage of a sponge probang which caused great pain and irritation), and try and sustain the patient with tonics, and liquid nutriment.

On the 15th of May, the patient being in an alarming state of inanition, a larger consultation was held; the attending physician, Dr. Blood, Drs. Miller, Colony, Rice and myself being present. The patient had now been more than two months confined to her bed, was extremely weak, had a small thready pulse, and was only able to swallow the smallest quantity of fluid at a time. The discharge from the fauces was

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profuse, and the breath very foetid, and she was in a state of great mental depression, anticipating death by starvation. A sponge probang was now passed into the œsophagus quite down to the cardiac orifice, and returned smeared with mucus and blood. This caused great pain and excitement, although very little force was used. A small stomach tube was now passed through the cardiac orifice, followed by the same symptoms. In view of the alarming prostration of the patient, and the certainty of her sinking without an exploratory search for the pin, it was decided by all the medical gentlemen present that œsophagotomy should at once be performed. At 4 o'clock, P.M., May 15th, 1867, the patient being placed in a strong and direct sunlight, was brought under the influence of ether. An incision was made upon the left side of the neck three and a half inches long, parallel to and midway between the inner edge of the sterno-mastoid muscle and the larynx and trachea. The edge of this muscle was readily found, there being very little adipose or connective tissue to embarrass dissection. Next the upper belly of the omo-hyoid was found and drawn outward, together with the margin of the sterno-mastoid. Continuing the dissection, chiefly with the handle of the scalpel, deeper into the carotid triangle, the sterno-thyroid and sterno-hyoid muscles were seen, and with the larynx and trachea were drawn to the right by a retractor in the hands of an assistant. The thyroid gland was very small and required no attention. Very little hæmorrhage occurred, no ligatures being required at any stage of the operation. At the bottom of this dissection the carotid sheath was seen lying in contact with the trachea. A blunt director readily passed between them at the upper part, and after being separated by the handle of a scalpel, the carotid vessels were covered and drawn outward by a retractor, which at once exposed the œsophagus to view. No foreign body could be seen or felt. A stomach tube was now introduced, and being tilted to the right, caused a visible bulging outward of the exposed portion of the œsophagus. A longitudinal incision an inch and a quarter long was next made in the œsophagus, cutting directly on the stomach tube. After a fruitless search with probes, the stomach tube was withdrawn and the fore-finger passed in to the œsophagus through the incision. Passed upward till it reached the top of the larynx, and exploring in all directions, no foreign body could be found. At the same time the fore-finger of the left

hand was passed into the fauces and met its fellow behind the larynx, and assisted in the unsuccessful search. Again, the finger was reversed and passed down the œsophagus, below the incision, its whole length, reaching quite two and a half inches below the top of the sternum. *No foreign body was found.*

The search was now reluctantly abandoned, and the patient allowed to emerge from anæsthesia. Two sutures were used in the upper half of the incision, and the lower portion was left open. A light compress wet with cold water completed the dressing.

At 6, P.M., consciousness returned. Pulse 80, very weak. Restless. Subcutaneous injection of morphia. Beef tea and whiskey enemas. At 10, P.M., pulse 120, very small. Slept a little and more quiet. At 12, M., pulse 140; limbs cold; artificial heat applied. Beef tea, whiskey and morphia repeated every 2 hours, during night.

16th, at 5, A.M., pulse 130. Skin warm and moist. Has slept 2 hours during night.

At 9, A.M., pulse 120, warm and quiet; treatment continued. 9, P.M., pulse 110, comfortable. 17th, pulse 98; swallowed a little milk, about half of which escaped at the wound. Treatment continued. 18th, same as yesterday. Treatment continued. 19th, suppuration from wound profuse and offensive. Chloride of soda sol. applied.

20th.—Swallows 3ii. milk with 3i. whiskey every 4 hours, losing about half of it at the wound. Thinks it does not hurt her so much to swallow as before the operation.

22d.—A flaxy looking mass of cellular tissue was drawn out from the wound with forceps. Pus looks more healthy. Is abundant.

23d.—Takes milk punch and egg-nogg, and loses about one-fourth at the wound.

June 3d.—Drinks half a pint of liquid nourishment at once, and loses only about two teaspoonsful.

June 4th.—Retained all she drank.

June 6th.—Drank a cup of coffee and lost two teaspoonsful from the wound.

June 12th.—Wound closed. Swallows well.

July 1st.—The cicatrix has been inflamed and swollen for a week past, and to-day reopened with an escape of pus. On swallowing milk a small quantity escaped through the sinus. This has caused some anxiety. Small graduated sponge tents were from this date introduced daily for a week, and the walls of the sinus were occasionally touched with nitrate of silver.

July 10th.—Wound entirely closed. Appetite good; takes broths, coffee, gruels

and egg-nogg, milk and custards. Says she feels better and takes food easier than since she swallowed the pin. From this date no untoward symptom occurred; her bill of fare was gradually enlarged by the addition of jellies, puddings, eggs, bread, vegetables and meat, under the use of which she rapidly regained flesh and strength.

January 11th, 1868.—Mrs. H. came before the Worcester North District Medical Society, when her case was very briefly narrated by her attending physician, Dr. J. M. Blood, of Ashby. She was in fine ruddy health. Ate and swallowed a promiscuous diet of solid food as well as ever, and expressed confidence that the *pin* was out of her way.

With the final closure of the wound all morbid secretion from the œsophagus and fauces, which was so annoying and exhausting before the operation, entirely ceased, and has never returned. Deglutition is now perfect, although occasionally some disagreeable sensations are felt, as formerly, radiating to the left shoulder. Whether the pin eluded our search by passing into the stomach, or by penetrating the wall of the œsophagus to find a comparatively quiet nidus among the muscles in the region of the left shoulder, or whether it may have lodged elsewhere in the tissues, are problems yet unsolved. The patient fortunately escaped from the accident and recovered from the operation. She is now, July 2d, 1868, quite fleshy, in good spirits, and in the full enjoyment of fine health.

This case caused no little solicitude and anxiety on the part of all the medical gentlemen who shared in the responsibility of its management. The reasons for this solicitude must be quite obvious from its history. Its *successful* and *unsuccessful* features are now placed on record, for the use of the profession.

MEANS OF ARRESTING HÆMORRHAGE.

MR. EDITOR,—In the JOURNAL of July 2d, I find a note from Dr. Rossman, of Ancram Lead Mines, N. Y., in which the Doctor, referring to my remarks in your issue of June 4th, on the "Means of arresting Hæmorrhage," quotes the six methods enumerated by me, and also the following passage:—"If an artery of any size is wounded, it ought to be tied in the wound. It is a worse than useless waste of time to trifle with other means."

After writing the above sentence, it oc-

curred to me that I might be misunderstood; but considering the context, I concluded that my meaning was sufficiently clear. That I did not mean to say, that in every case of wound of a pretty large artery, ligation at the seat of injury should be performed, is evident from what was said with regard to the occasional impossibility of performing this operation, and also with regard to its impracticability in cases in which an undue mutilation of the part would thereby be caused. In short, if I may be allowed to quote a sentence from the article in question, I have said:—"Here (i. e. in the *lower* extremity) it is not always possible to find the bleeding point; or at least an operation necessary to find it would involve such a mutilation as to call for amputation. Of course in such cases *other* means, such as *pressure*, *styptics*, &c., must be tried, and will often succeed." This sentence appears to me exactly to meet such cases as those of Dr. Rossman.

One word more, Sir, with regard to Dr. Rossman's remark, "I believe hæmorrhage from even larger arteries could be instantly stopped in this manner" (i. e. by pressure and styptics). Dr. R. must refer to arteries the size of the brachial or femoral, since the posterior tibial is taken for comparison. Undoubtedly, in a case of wound of a very large artery, we ought to use the best means at our command at the time; but I may be permitted to doubt whether it would often be possible to *arrest at once* hæmorrhage from the femoral artery, for instance, in the manner described by Dr. Rossman; or whether, if fatal hæmorrhage might thus be averted, a traumatic aneurism, or an immense effusion of blood among the muscles would not be caused. And although I do not wish at all to doubt the fact that, in the two cases referred to by Dr. R., the posterior tibial *was* wounded, still no *proof* of this is adduced. It is easy to conceive how abundant hæmorrhage from muscular branches might occur, simulating that from a wound of the artery. It may, also, in a case of *punctured* wound, be a matter of extreme difficulty to say from what source the blood comes, since the wound is too small to allow the vessel to be seen. The surest proof, under these circumstances, of a wound of the posterior tibial would be the fact that the vessel could be felt pulsating behind the internal malleolus in the *sound* limb, and no pulsation detected in the other. Of course, hæmorrhage from muscular branches would be

much more readily controlled by pressure than that from the main artery.

I am, Sir, respectfully yours,

FRANCIS C. ROPES.

Boston, July 8, 1868.

SUPPURATION IN THE PERITONEAL CAVITY.

MR. EDITOR,—A neighboring physician lately called my attention to a case of "Suppuration in the Peritoneal Cavity," reported in your JOURNAL of March 5th. Having had a similar case recently, terminating fatally, I beg leave to give you the outlines of it, together with the *post-mortem* developments.

The patient, Mrs. E. L., of East Granby, Ct., was a married woman, 29 years of age, and mother of three children. Her general health had been tolerably good, though suffering for several years from dyspepsia. She had also had two previous miscarriages, occurring in the second month of gestation, without, as she believes, materially affecting her health. The hæmorrhage was not serious in either case.

On the night of Feb. 28th, 1868, she had a third miscarriage, after attendance upon a ball, to which she attributed it. She was four months advanced, and had had some uterine hæmorrhage during the three preceding months. She was at this time attended by a regular physician, resident of the town, who, however, did not remove the placenta till two days later, when it was followed by a considerable hæmorrhage, lasting the whole night. This was on Sunday, March 1st. During the three following days she was not under the care of any physician, but I learned of her attendants, at my first visit, on Thursday, the 5th, that "she had been complaining all the week of a burning sensation in her stomach, and that her bowels had been bloated since Tuesday." She had been supposed to have metritis; yet there was no suppression of the lochial discharge, and no pain whatever, and no tenderness upon pressure in the hypogastric region. The vagina and os uteri were in a perfectly normal state. The abdomen was much bloated and tympanitic, but quite soft, and *not at all tender upon pressure*. An injection of molasses and water had been given two days previous, which had been followed by something of a diarrhœa; this, however, soon subsided. Her countenance was pale and eyes sunken, and the expression of her face peculiarly haggard and anxious. Pulse 130, thready. Tongue red. Thirst consi-

derable. Patient called for cold water, but rather, as she said, to allay "the distress of the stomach," than on account of thirst. Indeed, throughout her sickness, her stomach was the burden of her complaint, and it persistently refused relief alike from anodynes, cordials, acids or alkalies. Much of this discomfort was thought to be due to her old dyspeptic complaint, and her weak and rapid pulse to her exsanguinated condition, especially during the second week, when there was some improvement in her symptoms and general appearance. Her pulse had then fallen to 112, and the bowels were much less bloated. Though disposed to be constipated, they were easily made loose by an enema, and were wholly free from pain or tenderness. Her tongue had ceased to be red, and had become perfectly healthy in appearance—it had never been furred. Water high colored and somewhat ammoniacal, but not otherwise abnormal. Emaciation progressive. Appetite not recovered. Patient was very nervous and restless, and usually took twenty-five or thirty drops of McMunn's elixir every six hours during the day, and half a grain of morphine at night. This opiate and expectant treatment was our chief reliance, conjoined occasionally with sweet spirits of nitre, or some other simple remedy, prescribed for its diuretic or febrifuge properties. The diet consisted mainly of milk, beef-tea, rice-water and other mucilaginous drinks, with as much wine whey as her stomach would tolerate—about eight ounces per diem. Without going further into details, it is sufficient to state that towards the close of the third week, a small, fluctuating tumor, of a purplish color, was noticed about one inch below the umbilicus, which broke, after a few days' poulticing, on the 23d of the month, and discharged at least three quarts of pus. This first discharge was of the color and consistence of cream and nearly odorless; and on the four or five following days, by turning patient on her side, about one pint of pus, unchanged in appearance, was daily evacuated. It then began to diminish in quantity, and soon became of a bluish black color and highly offensive odor. Patient now sank rapidly, and died at 7, P.M., April 1st.

With the assistance of my friend, Dr. S. R. Burnap, of Windsor Locks, Ct., an examination of the body was made sixteen hours after death. On opening the cavity of the abdomen, the spectacle presented was not more novel than disheartening. To our astonishment every part of it, and every organ in it, was black as tar, and

looked as if the patient had been dead a month. Of course little could be learned from the external appearance of the organs coated and blackened as they were with this exudation. But on closer examination with the scalpel, they were all found in a sound condition—though somewhat soft and flabby. The cavity contained a considerable quantity of the same fluid evacuated, which had also perforated the diaphragm, and partly filled the right thoracic cavity. The liver, stomach and spleen, and portions of the intestine, were found adherent to one another and to the abdominal parietes. We noticed particularly that the cæcum, with its appendix, was firmly adherent to the parietal peritoneum, and it was impossible to determine whether a perforation observed in it existed, ante-mortem, or was produced in breaking through the adhesion—the latter supposition seemed most probable. The psoas muscle on the right side, was more soft and lacerable than its fellow of the opposite side, but showed no signs of having been involved in an abscess. Both ovaries were normal in size, but pale and flabby, and their capsules extremely friable—readily breaking down under the finger. The uterus was of about the size of a duck's egg, and was to all appearance as healthy as any organ in the body. It contained no coagula nor fluids, nor any portion of the placenta; but the place of its attachment to the fundus was still visible, being marked by the rough and raw state of the mucous membrane at that spot. Its small size showed that the process of involution had not been arrested nor much retarded. Every other organ in the body was examined, but, as before stated, no departure from a normal state worth mentioning could be discovered. Respecting the peritoneum it was difficult to determine whether any particular change noticed in it was due to septic inflammation or decomposition. But as writers on Pathological Anatomy affirm that this membrane, when so inflamed, may secrete pus abundantly, and as no abscess nor other source of it could be found, the inference was thought to be strong in favor of peritonitis; the more so as the symptoms of the patient's disease harmonized tolerably well with this supposition. It is true there was an absence of abdominal pain and tenderness; but in the sub-acute and chronic varieties of peritonitis, this is said to be not uncommon. Moreover, puerperal peritonitis is generally ascribed to some predisposition or dyscrasia of the blood; and in this case it seems probable that it assumed a sub-acute and somewhat chronic form

by reason of the patient's anæmic condition. The sudden change in the color and odor of the pus evacuated, a few days before death, may have been occasioned by the entrance of air into the peritoneal cavity, although every precaution was taken to prevent it. The odor I considered at the time stercoraceous; but in this I may have been mistaken. At any rate it was more than sufficiently fetid. It is difficult to believe the patient would have recovered if this untoward change had not occurred—she had already sunk too low—but it undoubtedly hastened her departure from whatever cause produced.

As to the "rarity" of a purulent effusion into the peritoneal cavity, with pointing externally at the umbilicus, the reader will find, by reference to Gross's Path. Anat., page 590, that these two cases are not unprecedented.

In conclusion I will add, that the history and termination of this case was laid before the Hartford County North Medical Association at its last quarterly meeting; and that a majority of the members present were of opinion that both the symptoms and post-mortem disclosures indicated sub-acute peritonitis as the disease of which the patient had died—"but some doubted."

Yours, &c. J. K. MASON, M.D.
Suffield, Mass.

Hospital Reports.

BOSTON CITY HOSPITAL.

Operations during the month of May, 1868. Reported by G. B. SHATTUCK, House Surgeon.

(Continued from page 349.)

V. *Compound Comminuted Fracture of Leg; Amputation of Thigh.* (Service of Dr. F. C. Ropes.) J. F. D., aged 27, was driving a load of coal, which with the cart weighed about 5000 pounds. The horses were already going pretty rapidly, but wanting to go faster, he leaned forward from shaft where he was riding, to strike the leader; whilst in this act the horses started suddenly, and he was thrown beneath the wheel of his cart, which he thought passed over both legs.

May 20.—Patient reached the Hospital at 5½ o'clock, P.M., being brought in very promptly after the accident. Upon examination a very oblique fracture of right tibia was determined, extending from just above internal malleolus upwards and outwards a distance of 4 inches; although comminu-

tion was suspected, none was satisfactorily made out; there was no fracture of fibula. This compound opening was two inches in length, beginning just above internal malleolus, and extending literally upward to crest of tibia.

This was the condition of right leg; the left leg, with the exception of some considerable contusion, was uninjured. Up to time of entrance there had been but very little hæmorrhage. The compound opening was plugged with lint, saturated with carbolic acid and glycerine equal parts, and leg put into a fracture box. One hour and a half later, as House Officer raised patient's bed clothes to renew application and adjust fracture, it was observed that hæmorrhage had taken place to the extent of $\frac{3}{4}$ in. and was still continuing; it was easily restrained by pressure, and a close watch ordered to be kept for any renewal.

Pulse 78, fair. From this point we quote from the records.

May 21st—1.20 A.M., House Officer was called, as a considerable oozing was going on from the wound in leg. The bandages and plug were removed, when quite a brisk hæmorrhage began from various parts of wound, some of the blood coming from a point in leg above the wound. The internal saphena vein, which had been wounded by a sharp fragment of bone, was tied, as was also a small artery; with the aid of cold and pressure after two hours the hæmorrhage was almost entirely restrained; pressure by sponges and a bandage was reapplied. At this time about three ounces of blood was lost.

11 A.M.—A little oozing has been going on from wound since last record; the leg as high as knee is becoming tense and assuming a brownish color. Pulse 86. Respiration quite rapid; tongue coated. Upon removing sponges from wound the bleeding from some source above the opening recommenced. Patient refuses an amputation. Carbolic acid treatment resumed and pressure with sponges reapplied.

4 P.M. The oozing is entirely controlled, the leg however is becoming more tense and more discolored. Pulse 94. Respiration more rapid and labored. Appetite poor. Weak egg-nogg and milk punch. Sulph. morphis gr. ss.

May 22.—Pulse 120. Patient less able to take nourishment, complaining of nausea. There has been no further hæmorrhage, but leg continues to become more discolored and more tense; is elevated and cold water applied over the whole length. Brandy, of which patient has been taking $\frac{3}{4}$ vi. in 24 hours, omitted.

23d, 2 A.M.—Patient sleeping quietly, and has been quiet through the night.

9 A.M.—Leg very much discolored, quite tense. Pulse 110, small. Considerable nausea; appetite very poor; tongue coated.

12 M.—Pulse 130. Respiration much distressed. Patient consents to have wound in leg laid open more thoroughly and examined, but still refuses an amputation. Patient etherized, wound in leg opened and condition of bone examined. The condition of soft parts, and comminution of bone which exists to an unlooked for extent, confirms the attending surgeons in the propriety of an operation.

4 P.M.—The patient having consented to an amputation, it was performed just above the knee, the tissues below being in too disorganized a condition to allow of the leg being retained. The circular method was used and almost no blood lost; after the operation there was a slight but very troublesome hæmorrhage from the end of the bone.

24th, 8 A.M.—No bleeding whatever from stump. Patient much more quiet and comfortable in every way than before the operation. Takes a fair amount of nourishment. Cold water dressing and carbolic acid solution to stump.

5 P.M.—Pulse 120, pretty good. Patient doing well.

25th.—Patient continues to improve. Stump looking extremely well. To be injected several times daily with weak solution of carbolic acid, and poulticed with charcoal poultice.

VI.—*Compound Comminuted Fracture of Leg; Amputation of Thigh.* (Dr. F. C. Ross.) P. C., aged 47, painter. Returning to his home 12.15 A.M. on Saturday evening, May 23, patient attempted to leave a horse car whilst in motion, by the front platform; in this attempt the wheel of the car passed over his left leg. He was found lying in the street, and was brought to Hospital by a police officer. An examination of the leg showed that both bones were fractured just above the ankle, and very much comminuted for several inches, the fracture extending into ankle joint; the soft parts were severely bruised as far as upper third of leg; the compound openings were two in number and quite small, situated upon inner aspect of leg just above the internal malleolus. Considerable hæmorrhage had taken place. Pressure was applied by means of sponges and bandage. Injection of stimulus. Patient declines amputation.

May 24th, 8 A.M.—There has been no bleeding during the night, but patient com-

plaints of great pain in leg. Is quite feeble and has no disposition to take nourishment, though he has been without it for twenty-four hours. Pulse 100, weak.

11 A.M.—Advised by visiting surgeons to immediate amputation, which he refuses to consent to until having seen his family. Leg becoming rapidly swollen, tense, and discolored. Pain very great. Pulse 100, weak.

8 P.M.—Patient's family having arrived and consenting to have an amputation as the only chance of saving life, he was etherized. A small exploratory incision confirming the opinion previously formed of the condition of the fracture, amputation was proceeded with. The circular method was adopted; the soft parts below the knee being so much disorganized it was found necessary to saw the bone above; a troublesome hæmorrhage from exposed extremity of bone finally controlled by ferri perchlor. and pressure; four ligatures were applied and six sutures, the latter being tied in bow-knots, after edges of flaps were brought together. Pulse 100. Injection of stimulus.

5½ P.M.—Pulse 86, tolerable. Egg-nogg, milk punch, beef essence.

25th.—Patient drowsy and stupid all the time; when roused answers questions rationally, takes a little nourishment, and then relapses again. Pulse 100, weak. No bleeding from stump. Complaints of no pain.

5 P.M.—Condition pretty much the same as in the morning. Pulse quite weak; can take and retain upon stomach but very little nourishment. Enemata of brandy and milk $\text{āā} \frac{3}{4}$ ii. every four hours. Stump looking very well.

26th.—Pulse 100, weak. Respiration slow and somewhat labored. Tongue very dry, with a thick brown coat. Still remains in the same stupid, drowsy state. Answers questions less intelligibly, and is quite weak. $\mathcal{R}$. Ammonia carb. $\frac{3}{4}$ ij.; syrup. aurantii, aquæ, $\text{āā} \frac{3}{4}$ i. $\mathfrak{m}$. $\frac{3}{4}$ i. every two hours. $\mathcal{R}$. Acid hydrochlor. $\frac{3}{4}$ i.; syrup $\frac{3}{4}$ iij.; $\mathfrak{M}$. $\frac{3}{4}$ i. in water as a gargle. $\mathcal{R}$. Tinct. ferri chlorid. $\mathfrak{m}$ x. four times daily.

5 P.M.—Pulse brought up by stimulants; with the exception of increased strength of pulse, condition about the same as at last record. Patient's wife says he was in poor health before the occurrence of this accident. Urine examined, but neither casts nor albumen found.

10 P.M.—Pulse 100, legs stronger than at last record; respiration quite slow and prolonged.

27th.—Has been steadily failing through the night, notwithstanding every attempt at stimulation. Seems never to have rallied from the shock of the accident. Stump continues to look well.

1 P.M.—Dead.

VII. *Ligature of Varicose Veins.*—(Service of Dr. ROPPS.) M. R., aged 48. Presser of clothes. Patient's occupation requires him to be constantly on his feet, and the internal saphena vein of right leg was upon his entrance to Hospital enormously enlarged and convoluted. A week previous to his entrance he had ruptured, as was indicated by the symptoms at the time and afterwards, the plantaris muscle and the external saphena vein of same leg. The internal saphena vein was compressed in two places by passing strong ligatures beneath it, and tying pieces of bougie over it. The vein at the upper point of ligature was immensely large; the first attempt to pass the needle beneath it here was followed by a brisk hæmorrhage; the needle was reintroduced still deeper, with better success. Very large and firm clots were formed, occluding the vein thoroughly at both points of ligature, so that the pieces of bougie were removed four days after the operation. The clot at the lower point, about the middle of the leg, caused very little inflammation, but the amount of inflammation at the upper point, above the knee, was very great. An abscess formed here, the discharge from which was copious. The patient refusing to submit to the treatment advised, was dismissed from the Hospital a month after the operation, at which time the vein remained thoroughly occluded.

A DEAD MAN NOT "AT HOME."—The fact of the occurrence of deaths is not registered in France upon the mere affirmation of a witness, as with ourselves, but only after the inspection of a district Medical officer known as the "verificator of deaths." One of these gentlemen lately called for this purpose at a certain house in Lyons, and was rather taken aback, on requesting to see the deceased, by the answer, "The deceased!—oh! he has not come home yet." It was no new thing for him to find patients not keeping their appointments, but this was the first instance of a body not being punctual. However, it turned out that, the deceased having died in a scuffle, an official autopsy had to be made, and he had not been brought back from the theatre.—*Gazette Médicale de Lyon.*

Bibliographical Notices.

Etudes sur les Medications Arsenicale et Antimoniale et sur les Maladies du Cœur.
Par le Docteur LUCIEN PAPILLAUD (HENRI ALMES). Paris. 1867. Pp. 79.

At the present time of expectant treatment, when the number of so-called specifics has been reduced to a minimum, the medical profession must feel an interest in any *reliable* investigations as to the value of drugs in disease. Probably every practical physician has felt the satisfaction of dealing with the specifics in appropriate cases, and has wished that the number of diseases were larger in which the use of certain remedies was as clearly indicated as that of iron is in anæmia, quinine in intermittent, and mercury in syphilitic disorders. Unfortunately, however, although the medical literature of the day is crammed with observations of the favorable course of different diseases during the exhibition of almost every drug in the Pharmacopœia, the number of authenticated specifics has not been increased.

A pamphlet by Dr. Papillaud has just appeared in Paris, the object of which is to prove the value of arsenic and antimony in the treatment of cardiac disease. From the careful manner in which it is written, and the amount of investigation and research of which it gives evidence, it certainly demands the consideration of the profession. As a specimen of medical literature, it is remarkable for that clearness of language and terseness of style which distinguishes many of the French writers on medical subjects.

The book is divided into five chapters, which we shall notice in order, and opens with a short preface, in which the author, with becoming modesty, disclaims the intention of asserting any new discovery, but simply desires to call the attention of the medical world to the results of his investigations.

The first chapter is a very complete and elaborate *résumé* of the therapeutical history of arsenic, beginning with its use by Boudin in 1840, in intermittent fever. The whole literature of the subject, from that time up to the present day, is reviewed, and it is shown that arsenic has been used with apparent success in the treatment of intermittent fevers, neuralgia, phthisis, asthma, cutaneous diseases, chorea, syphilis, dyspepsia, pharyngitis, uterine disorders, cholera, want of appetite, and general glandular enlargement.

The beneficial results that have been obtained by mixing arsenic with the feed of cattle are also mentioned, and a very clear account is given of its use by the arsenic eaters of Tyrol and Styria. It is stated that arsenic has been found in eighty-two of the thermal springs of France, and the favorable results which have been obtained from the use of these waters are attributed to the presence of this mineral.

From all this mass of testimony, Dr. Papillaud concludes that arsenic is a most efficacious tonic. He says:—"Arsenical medication is, according to our idea, indicated in all cases where we wish to increase the strength and regulate the functions, without regard to what the disease may be that has produced this condition."

"But besides its (arsenic's) general action, it has certain elective actions, and it is the action which it has on the heart that we wish to study."

"In addition to its elective action on the heart, it has a special influence against the lesion, or aberration of nutrition called hypertrophy."

We must confess that in the last quotation the author begs the question, as he states on his own authority, without any observations or arguments to back him, what it seems the book was written to prove.

The second chapter is headed *De la Medication Antimoniale*. It reviews the records of the use of antimony as a remedial agent, and though shorter than the one on arsenic, is quite complete. Different writers are quoted to show that antimony has been used with success in chorea, epilepsy, skin diseases, syphilis, rheumatism, scrofula, cardiac disease, intermittent fever, hæmorrhages, &c. &c. The author concludes that antimony and especially tartar emetic is also a tonic (*reconstituante*). He admits the sedative action on the circulation, but considers that this is due to its neurosthenic power, that is say, that it lowers the pulse by making it more healthy and natural, in the same way that alcohol will do, in cases of prostration and debility. He claims that in this respect it is exactly the reverse of digitalis, which, according to him, always lowers the pulse by actually diminishing the vital forces. Next follows a short chapter called *parallèle entre l'arsenic et l'antimoine*, the object of which is to prove that both these drugs have been advantageously used in the same diseases, and, as it will be seen, from the lists above given, that they both have given so good results in almost every ill that flesh is heir to, this is

not a difficult task. The conclusion which this chapter is meant to establish is that arsenic and antimony should be given in combination.

Chapter IV., on *Maladies du Cœur*, contains nothing new on the pathology of cardiac diseases, nor is it a resumé of what is known. Monneret's ideas on these diseases are given, and our author coincides with him entirely. He considers that organic cardiac disease is always preceded by functional trouble; that the latter is due to a lack of innervation of the muscular fibres of the heart and vessels, the primary lesion being in the vaso-motor or sympathetic system, and as he regards antimony and arsenic as having a special tonic influence on the sympathetic nerves, of course he finds an indication for their use in cardiac disease.

The fifth and last chapter is entitled—*Application des Médications Arsenicale et Arsenio-Antimoniale aux Maladies du Cœur*.

Twelve cases of functional and organic cardiac disease are reported, quite fully, but by the confession of the author, from memory. The results are certainly wonderful, as they all improved greatly, and some cases, in which, judging from the physical signs given, organic disease of a serious nature must have existed, were apparently entirely cured, and had remained so up to the time of publication. This certainly is interesting as proving, if nothing else, that organic may become latent, and give no further trouble. When, however, our author goes on to state that he has used the arsenico-antimonial treatment in more than one thousand cases, not only of heart disease, but also of emphysema, dyspepsia, catarrh, tuberculous, muscular and articular rheumatism, gastralgia, anæmia, chlorosis, acute and chronic icterus, neuralgia and cachexia, and that it proved efficacious in eight-tenths of the cases, we cannot help feeling that too much is claimed.

The preparation which is recommended, is a salt which the author has had prepared, the arsenate of antimony, which he gives in the dose of two millegrammes per diem. The commonly received idea with regard to the cumulative action of arsenic is denied, on the ground that out of the many cases in which he has given the drug continuously for months, and even years, no such action has been seen.

In conclusion, we must say that we laid the book down with the feeling that *not proven* must be written against some of the author's conclusions, and that until further confirmation of his views comes from other

observers, we must withhold our verdict as to whether arsenic and antimony have any especial influence in cardiac disease.

As a specimen of a medical work, however, well written and evidently the result of much thought and study, the book is very creditable to its author, and will well repay any one for the time spent in its perusal.

F. B. G.

Medical and Surgical Journal.

BOSTON: THURSDAY, JULY 16, 1868.

TOO MANY BOOKS.

TRULY, to the making of books there is no end. We are in danger of knowing too much. So far from lacking, we suffer from an avalanche of knowledge. But is this knowledge wisdom? Does it strengthen the mind, discipline the intellect, and enrich the memory? Or does it only accumulate, year by year, in a pile of useless, because unapplied learning? We fear the latter. We become too discursive in reading, and in mind. More must be forgotten than retained; more remain useless, than used.

The medical press shares the hurry of the times, which drives along all other departments of learning. Steam has been applied to the slow printing office of our fathers' publications; and professional literature, biblical and periodical, teems with new works. Trifles are narrated in octavos; single series of cases swell to portly volumes; medical literature is becoming a series of exaggerated monographs, too long to read, too diffuse to remember, too numerous to use.

It is true that this is partly owing to the natural expansion of our science. Much more is known now than formerly: investigations are pursued on a larger scale; and many new and distinct branches of medical literature have arisen.

But with all due allowance for this, there is another reason for the vast increase of medical publications.

Individual vanity, competition for distinction, the struggle for eminence, hurry multitudes of young and incompetent ob-

servers to write books. They rush into print, lest they be left behind.

Large and poor works on every sub-department of medicine are thus produced by the thousand.

This rash and premature publicity is very different from the course of many of our older and wiser professional brethren, who at the close of laborious lives, give to the world a few modest but weighty conclusions, which will endure, and be always valuable.

If every one who is tempted to be an author would suppress every thing that had been already said, and publish only what was new, and original with him, how much time and labor would be spared the reader; and how many volumes would shrink to an embryonic size, or would never be!

We verily believe that the medical student with one book is better off than he who possesses a catalogue of authorities; that he sees more, knows as much, and remembers infinitely more than the other; and we are disposed to think that the same holds true as well of physicians.

Certainly our medical youth is passed in the fruitless effort to master everything, which results in mental indigestion and torpor. We are crammed too hard, and this evil is very largely due to the inordinate increase of medical literature.

So also a residence of some months in Europe taxes still more the over-worked powers, and fills to overflowing a head previously too full for healthy action. Albeit the medical student abroad tempers his task with play, yet he usually returns too replete with trivial novelties to digest them well in practice.

The result of this state of things upon the older man is that he either becomes a discursive and experimental theorist, or he ends in being a specialist. He must overlook and waste much; or he must confine his attention to a single point. Hence the rapidly increasing number of special departments in medicine, which we cannot but think an evil. In certain great and natural subdivisions of our art, as in treating an organ like the eye, their necessity is recognized. But their tendency, when too minutely divided, is to produce a microscopic

rather than a general vision, and to cultivate a narrow rather than a broad style of observation and of thought.

The whole human being and constitution is apt to be lost sight of in the function which is the subject of study.

For the average of diseases and for the average of men, we believe the general practitioner, as we find him when isolated from his fellows, self-reliant and self-contained, to be better adapted than the specialist, however brilliant and however learned.

And while we would not cast one obstacle in the way of the progress of real medical science, we must condemn the course of sciolists whose vanity urges them to reiterate their little tales, and deprecate the increase of a literature too diffuse to be of real service.

We respectfully call the attention of other Medical Journals to the subjoined communication.

LOOSE CARILAGES IN THE KNEE-JOINT. *Information desired with regard to unpublished Cases.*—In the winter of 1861, Dr. W. C. Wey, of this city, and myself, were obliged to defend a suit for alleged malpractice, growing out of an operation performed by us, for the removal of a loose cartilage from the knee-joint—the result of the operation being anchylosis; the result of the suit being in our favor. In preparing ourselves for defence, assisted by other physicians, at home and abroad, we collected information with regard to 206 operations for this troublesome difficulty; which information, in tabular form, was published by Baron Larrey, in the *Gazette des Hopitaux* for June 8th, 1861.

After an interval of seven years, a letter has now been received by me, from Alfred Poland, Surgeon to Guy's Hospital, London, in which he states that he is about to publish a small work upon loose cartilages in the knee-joint. He has tabulated all published cases up to the present date. He is now pursuing his investigations still further, and desires of his medical brethren information with regard to cases that have never been published.

Any reader of the *Boston Journal* who may possess such information, will confer a favor upon Dr. Poland and render a service to the cause of science by communicating the same to me by the middle of July, if possible.

The chief items of information are, the name, the residence, the age and the occupation of the patient, the particular knee affected, the size, the mobility, the supposed cause, and the symptoms of the foreign body, the duration of the difficulty, the treatment, whether by operation or otherwise, if operated upon, by what methods, and finally the result of the case, together with any individual reflections or remarks that may be added.

Proper acknowledgment of thanks and due credit will be awarded to all persons who may render assistance, in accordance with this request.

T. H. SQUIRE, M.D.

Elmira, N. Y., June 24, 1868.

MR. EDITOR,—In your edition of June 4th, I noticed an article on "Poisoning by Bromide of Potassium," and which from the experience had with the drug in this institution, I think is a mistake and liable to create much needless caution in the use of that remedy.

Were it not that we are accustomed to administer the "Bromide" in drachm doses as often as every three hours, without the slightest ill effects resulting therefrom, I should probably not have disputed the poisonous effects of a dose of twenty grains repeated every six hours.

Could not the statement coming from Dr. C. Braman, second-handed as it did, explain itself as a lapsus linguæ in calling the bromide for the iodide of potassium? It seems more probable that this is so from the described appearance of the mouth and fauces and the violet color of the clothes after the contact with the excrement, both of which would follow the use of the Iodide and not the Bromide.

Respectfully, DANIEL S. BURR,
Ass't Physician N. Y. S. I. Asylum.

Binghamton, July 9, 1868.

HARVARD MEDICAL SCHOOL.—The following is a list of the gentleman who received their medical degrees on the 15th inst., with the subject of their dissertations:—

Adams, Frank Wayland, Brookfield, *Nature her own Physician.*

Ames, Charles Peter, New Orleans, La., *Tuberculosis.*

Ballard, Albert Manley, Framingham, *Dyspepsia.*

Beach, Henry Harris Aubrey, Boston, *Cystitis.*

Boardman, William Elbridge, Boston, *Absorption of Medicines and Poisons.*

Borden, Frederic William, Cornwallis, N. S., *Medical History.*

Bowditch, Henry Pickering, West Roxbury, *Bromide of Potash.*

Brigham, Edwin Howard, Boston, *Yellow Fever.*

Caldwell, Charles Edmund, Woodstock, N. B., *Pneumonia.*

Chipman, Henry, Cornwallis, N. S., *Heat.*

Coggin, David, Lowell, *Coalgia.*

Emerson, Justin Edwards, Hawaiian Islands, *Epilepsy.*

Fitz, Reginald Heber, Brookline, *Belladonna vs. Opium.*

Forster, Edward Jacob, Charlestown, *Flatulence.*

Fulton, John Beveridge, Londonderry, N. S., *Pneumonia.*

Gay, George Washington, Swanzey, N. H., *Pyæmia.*

Gunter, Leverett Duncan, Fredericton, N. B., *Carbolic Acid.*

Hale, Josiah Little, Newburyport, *Pregnancy vs. Phthisis.*

Handy, George Warren, Iowa City, Iowa, *Iritis.*

Harris, James William, Lower Horton, N. S., *Variola.*

Hastings, William Henry Howe, Sterling, *Bromide of Potash.*

Holt, Edward Brown, Lowell, *Tuberculosis.*

Jacobs, Chauncy Alonzo, Springfield, *Bright's Disease.*

Lincoln, Rufus Pratt, Amherst, *Consanguineous Marriages.*

McDonald, John Farquhar, Halifax, N. S., *Sight.*

Merrill, David, Peacham, Vt., *Materia Medica.*

Morton, D. H., Truro, N. S., *Epilepsy.*

Pickman, Hersey Derby, Boston, *Identification.*

Pratt, Herbert James, Plymouth, *Theine.*

Quinby, Hosea Mason, Lake Village, N. H., *Fatty Degeneration.*

Sullivan, Alexis Joseph, Chelsea, *Pneumonia.*

Sumner, Allen Melancthon, Boston, *Angina Pectoris.*

Swett, George Woodbury, Jamaica Plain, *Jaundice.*

Taylor, Vernon Otis, Charlestown, *Medical Observation.*

Ware, Frederick, Cambridge, *Diseases of the Gastric Glands.*

Waterman, Thomas, Jr., Boston, *Carbolic Acid.*

Wells, Frank, Boston, *Sunstroke.*

Williams, Edward Tufts, Brookline, *Acute Diseases of the Bowels.*

Woodman, Aurin Payson, Amesbury, *Sterility*.

Worcester, Samuel, Gloucester, *Epilepsy*.

HIPPOPHAGY IN PARIS.—The number of the *Revue des Deux Mondes* for May 15 contains an article from the pen of M. Maxime du Camp, on "L'Alimentation de Paris."

"Animal food, the use of which should be extended as much as possible, is unfortunately very dear, and much effort has been made to popularize the employment of horseflesh. The attempt has failed, and thus far hippophagy has obtained only negative results. It is not sufficient that certain *savants*, animated by the most excellent intentions, should meet at a well-served table to eat beefsteak of horse *aux truffes*, horse kidneys *au vin de champagne*, horse tongue with tomato sauce, to wash it all down with excellent wine, and deliver elegant orations, in order to overcome deep-rooted prejudices and insure the reception of a new kind of food. The poor know well that horses slaughtered for food are old animals exhausted by labor, and that they can only constitute an unnutritious and sometimes a dangerous diet. Certain *esprits forts* have indeed made, for curiosity, a trial they take care not to repeat; but the lower classes have not been persuaded by all the fine promises held out, and really one cannot blame them. Since the sale of horseflesh was authorized, twenty-two shops have been opened, but these transact but little business. Up to last March there have been slaughtered at the three special abattoirs 3728 horses, 86 asses, and 23 mules, furnishing (the mean age of the animals being 14 years) 76,857 kilos. of meat. These establishments are carefully inspected, and in a single abattoir 24 horses were seized and delivered over to the manure manufacturers, 5 having fractures with fever, 10 suffering from farcy or glanders, 7 from chronic chest affections, and 2 from ulcers or skin disease. The horseflesh sent to the butchers quickly undergoes decomposition, for it is almost always anæmic, in consequence of the enfeebled state of the economy of the animal. However, it must be got rid of, and purchasers will not buy it. It is then made up into sausages made to imitate those of Arles, Lorraine, or Germany, and they are disposed of to the fruit shops, grocers, etc. In a short time, however, they are found to be decomposed and uneatable. The other portion of the meat is sold during the night to the low eating-houses. It is not by means like these that

an old prejudice will be removed, which exists in spite of all attempts to oppose it, for frequently the destitute refuse tickets for a gratuitous meal of horseflesh."—*Med. Times and Gazette*.

FUNGOID THEORIES OF DISEASE.—DR. SALISBURY has added thirty new varieties of vegetable parasites, which he describes as characteristic of particular conditions of the urinary, intestinal, and mucous secretions generally. Meantime, Dr. Gavin Milroy has obtained from the Rev. M. J. Berkeley, the most distinguished of British mycologists, answers to an elaborate series of questions on epiphytes in plants and epidemics of blights or epiphytes, hoping that they might throw some light upon our own observations of epidemic diseases of man. Dr. Milroy's questions are very carefully devised to cover the whole ground of telluric and atmospheric influence. The answers are too long to be quoted here, and we must refer our readers for them to the *Gardener's Chronicle and Agricultural Gazette* for May 2d and 9th, 1868. The following are perhaps the two most directly important points which are elucidated.

"13. Q. Have any particular epiphytes been observed to be frequently antecedent to, or coexistent with, epidemic diseases in men, or with murrains among the lower animals? Is there any published record or register of such coincidences? Also, has any inter-relation or mutual connection been observed between the occurrence of different epiphytic diseases? A. Ergot is the most prominent instance. It not unfrequently, where rye is extensively used, produces disease, and I have reason to believe that, in years when it is prevalent in grass fields, cows and ewes are apt to slip their young. I believe that it sometimes produces gangrene in sheep. I do not believe in Hallier's views of the connection of cholera with parasites on rice. I am taking great pains to ascertain what are the rice-parasites. I believe Hallier's notions to be entirely theoretical. That some cutaneous disorders arise from fungi is pretty certain, but there is nothing to show that fevers, or other contagious or infectious diseases, arise from the same cause. It was supposed that diphtheria depended on a fungus; but I have examined diphtheria membranes, in which there was no fungus. No inter-relation between different epiphytic diseases has been observed, unless the connection between the æcidium of the berry and wheat-mildew be considered as proved; but, even if this were the case, it merely

shows that the same fungus may exhibit different phases under different circumstances, as is undoubtedly true in puccinia and aregma, not to mention other epiphytes.

"15. Q. What is, or what is believed to be, the pathology or visible morbid change which constitutes, or is at least always associated with, the best known epiphytic diseases? Has it been shown to be of the nature of an organic germ, or spore, or molecule? or is the subject still as occult and inscrutable to the vegetable physiologist as the originating cause of most epidemic diseases is to the physician?—A. In the bunt the whole process is traceable; the parasite obtains admission from without, and the spawn traverses the young plants. In plants impregnated by myself I have seen the stem as well as the grain affected; but I never saw this in the fields. The potato murrain, again, is distinctly traceable in affected tubers, the threads seeming to have a power of decomposing the cell-walls so as to gain admission to the tissues very deeply. In some cases the effect of the presence of the parasite is to produce a hypertrophy of the tissues, in bunt an intensity in the color of the chlorophyll, or at least such an alteration of color that a practised eye will at once detect a bunted plant. In many cases, however, I doubt whether the best microscopes will always detect fungous spawn; and such investigations require great caution, as the junctures of the cell-walls are very deceptive."—*British Medical Journal*.

SUTURE OF NERVES.—At the Society of Surgery, M. Paulet has read a very elaborate paper on the Immediate and Indirect Consequences of Traumatic Lesions of Nerves. Two cases here recently have excited interest in this subject. In one, M. Laugier united by suture the cut ends of the median nerve; and on the same day there was a commencement of restored sensibility and voluntary movement. In the other, M. Richet demonstrated, notwithstanding the complete section of the median nerve, that tactile sensibility persisted in the thumb, index, medium, and ring fingers. These clinically observed facts are entirely opposed to the teachings of experimental physiologists who have divided and resected nerves. To explain them, reference has been made to peripheral anastomoses, such as M. Robin has pointed out between the median and radial, for the nervous filaments distributed to the tactile corpuscles. But M. Paulet points out that, if the explanation lies here, the function

should have been carried on by them immediately after the section of the nerves, not slowly re-established. After a very long literary research and a great number of experiments, he confesses himself unable to elucidate the difficulty and discord.—*Ibid*.

OBSTETRIC MEMORANDA.—On March 22, 1868, I attended Mrs. B— in her first labor. On examination, the head was found low down in the pelvis, grasped on the left side during the pains by a structure resembling the mouth and neck of the womb. In the absence of pain, this structure proved to be a septum attached to the vaginal walls anteriorly and posteriorly from an inch and a half within the orifice as high as could be reached. It was thick and fleshy, and had a rounded cord-like border, which, during the pains, became very tense, and for a long time offered what appeared an insuperable resistance to the progress of the head. While considering the propriety of dividing the structure, I noticed that the border was becoming thin in the middle, under the pressure of the head; and shortly a strong pain lacerated it. The whole structure was torn longitudinally, and very soon a fine boy was born.

On examining the parts after the removal of the placenta, I found the remains of the torn structure attached to the back and front of the vagina in the mesian line for a considerable distance; but, at the upper part, the septum was intact for about an inch; and, on its right side, the mouth of the recently unburdened womb, and on its left side a womb apparently of virgin size and shape, could be felt.

On inquiry I found there had been no menstruation during the existence of pregnancy.—*Ibid*.

THE TREATMENT OF PRIMARY SYPHILITIC SORES BY CARBOLIC ACID.—The success which attended the treatment of mucous tubercles by carbolic acid, in several patients under my care, induced me to extend the experiment to cases of primary syphilitic sores. Mr. Horsfall, my house-surgeon, has also experimented in a similar manner on patients applying for relief at the out-patient department of St. Bartholomew's Hospital. In both sets of cases the result has been the same; namely, the rapid destruction of the ulcerating surface, with the apparent decomposition of the poison, and that without any considerable degree of pain. It is true that, up to the present time, the cases have been those of "soft" sores. I can-

not, therefore, yet speak of the effect of the acid on the indurated base of the so-called Hunterian chancre. That must be the subject of further observations.

The acid, when applied in a concentrated form, turns the surface of the sore of a white color; this becomes a thin dry yellow scab, which separates in about two to three days. The application should be repeated to the third or fourth time, according to circumstances, when it may be found that the sore has healed under the scab. Should the acid be applied too abundantly, the adjacent tissues are apt to become excoriated.

I have had twelve cases in private practice, in each of which a most satisfactory result was obtained, the healing of the sore being complete in an average of ten to fourteen days.—*Ibid.*

THE MEMBER FOR PATENT MEDICINES.—Mr. Barnes, who ostensibly represents Brooklyn in Congress, is really, it appears, the representative of the patent medicine interest. The makers of what are called patent medicines have gained large fortunes, in many cases; and some of them have built fine houses and otherwise shown a disposition to spend as well as make money. It was not known, until Mr. Barnes the other day revealed the fact, that they had also sent a member to Congress.

But why should they not be represented? It is perfectly understood that the whiskey interest has at least one, and perhaps several, eminent representatives in the House; the iron interest, the wool interest, the cotton manufacturing interest, are all represented; and the representatives have taken very good care to burden the people with extra taxes in favor of their special interests. If whiskey is entitled to representation, why not pain-killer, or squills, or paregoric, or S. T. 1860 X?

Only, things and persons ought to be called by their right names; and we venture to suggest that Mr. Barnes should hereafter be addressed, in his place in the House, by his proper title; he is not the gentleman from New York, for his constituents live in all parts of the Union: he is properly the member for pills, or the member for strengthening plasters, or the member for paregoric, or purges, or for the balm of ten thousand flowers. So, instead of addressing a gentleman from Ohio, it would be much more to the point to speak to the member for whiskey; the Senator from Rhode Island could much more properly be entitled the Senator for cotton prints; and the Senator

from Vermont as the eminent or honorable or industrious Senator for wool.—*Evening Post.*

THE Annales du Génie Civil (Nov. 1867), describes the new process invented by Mr. Kessler, for the manufacturing of soda, in which the use of sulphuric acid is abandoned. In this case also chloride of sodium furnishes the alkali, its decomposition being brought about by mixing the salt with chromic oxyd, and heating it to redness while a current of steam is passing over it. The latter is decomposed, its oxygen forms chromic acid and soda, while the hydrogen carries off the chlorine, the resulting hydrochloric acid being collected. The chromate of soda is then treated with carbon as the sulphate is in Leblanc's process, the products of the reaction being chromic oxyd and carbonate of soda. After lixiviation of the latter, the oxyd is again ready for a fresh decomposition of salt.

Since this method avoids the great loss of sulphur, which Leblanc's process necessarily involves, it would seem destined for a great future.

QUINOIDINE.—Dr. Chalvet has repeated, before the Biological Society of Paris, experiments on efflorescence which tend to throw some doubt on Dr. Bence Jones's conclusions respecting quinoidine. The facts, however, mentioned by the latter physician have been fully confirmed by Dr. Chalvet, whose experiments again prove that the living tissues contain a substance giving rise to an efflorescence exactly similar to the refractive phenomena of sulphate of quinine. Dr. Chalvet has also found, like Dr. Bence Jones, that this efflorescence disappears in acute febrile diseases; but he does not agree with Dr. Jones as to the origin of this supposed quinoidine. Dr. Chalvet has shown, on the contrary, that this efflorescent substance exists in most articles of food, especially in wine and vegetable substances.

From these researches the French author concludes that the so-called quinoidine is not derived from albumen; that it is introduced into the organism by the ingesta; that it mixes with the animal fluids, as happens with iron; but that (herein quite similar to iron) it does not spontaneously spring up in the animal tissues. As this quinoidine is rapidly eliminated, low diet somewhat prolonged must cause the efflorescence of the urine to disappear, and thus is explained the supposed destruction of quinoidine by fever. Dr. Chalvet is inclined to

class the substance in question with quinine itself, which may be supposed to exist in infinitesimal quantities in all vegetables, and thus would its constant presence in the tissues and fluids of animals be accounted for.—*Lancet*.

COMPARATIVE ACTION OF VARIOUS DISINFECTANTS IN THE PURIFICATION OF SHIPS' BILGES.—The *Medical Press and Circular* (June 10th, 1868) contains a translation of an interesting paper on this subject by Dr. Berenger-Feraud, published in the *Archives de Médecine Navale*.

The following are Dr. B.'s conclusions :

1. Wood charcoal is radically inefficient and inapplicable.

2. Chlorine and chloride of lime are hurtful as well as inefficient.

3. Carbolic acid is of no use, and has an insupportable odor.

4. Protosulphate of iron may for the present be preferred ; it is sufficiently active to be of considerable use, and very low in price.

5. Permanganate of potash is infinitely superior to all the preceding substances, and is destined to put them all into the shade so soon as it can be sold at a figure permitting its use on a large scale. Even its present price is no bar to its employment, when it is necessary rapidly and completely to purify a ship's fetid bilges.

OVARIOTOMY IN AUSTRALIA.—Dr. Tracy, of Melbourne, continues his success in ovariectomy. In the *Australian Medical Journal* for January he publishes two cases, both successful, and states of his two previous cases, published in 1864, that both patients continue to enjoy excellent health. He makes some interesting observations on the different modes of dealing with the pedicle, and gives good reasons for his preference for the clamp over any intra-peritoneal method. And he concludes thus :—"The successful issue of four cases at various ages, ranging from sixteen to forty-six, all of whom must have died a miserable death within short periods, will, I trust, establish this operation here on the same firm footing as in the old country. Surely no reasonably suitable case should now be left to perish under merely palliative treatment, without at least an attempt being made to remove this truly formidable disease."—*Medical Times and Gazette*.

A NEW PANACEA.—Among the remains of the Christian martyrs exhumed from the

catacombs at Rome, and exposed in the churches for the veneration of the faithful, were some which, during their transport, fell into dust. They were, however, not lost, but, being true relics, their dust has by the addition of wax been worked up into a paste, *pasta di martiri*, having the virtue of curing all diseases. (We suppose that, in the face of so formidable a rival, Professor Holloway will cease advertising in the *Gazzetta Medica di Torino*.)

MICA SPECTACLES FOR METAL WORKERS, costing only about one-fifth of ordinary glass spectacles that are used for the purpose of protecting the eyesight of workers in hot and cold metal and glass, are spoken of very highly by Dr. Cohn, of Breslau, as being much lighter and cooler, less fragile and expensive. The color of the light admitted by the mica used is slightly grayish, which is even an advantage for those who have to wear an eye-protector before the fire.

Two notorious quacks of this city were arrested on Tuesday, on the complaint of Mr. John W. Clark, of New Jersey, who alleged that they sold him a bottle of "Invigorator," whatever that may be, promising that it would cure his wife of consumption in twenty-four hours. Of course the "invigorator" disappointed the expectations of the too credulous Mr. Clark, who, returning to complain, was swindled out of an additional sum of money upon some pretence or other. Being brought before Justice Mansfield the two quacks were committed for examination, without bail. Perhaps there is no more effectual way of getting rid of quackery than that adopted by Mr. Clark.—*N. Y. Med. Gazette*.

APPOINTMENTS.—Dr. JAMES H. HUTCHINSON has been elected one of the attending physicians to the *Pennsylvania Hospital*, to fill the vacancy caused by the resignation of Dr. W. W. Gerhard. The appointment is one well calculated to maintain the high reputation which this venerable institution has always enjoyed.

Dr. J. AITKEN MEIGS has been elected to the chair of Institutes of Medicine in the *Jefferson Medical College*, which was lately vacated by Prof. Robley Dunglison. This appointment is considered an excellent one.

Dr. HERBERT M. HOWE has been elected one of the attending physicians to the *Episcopal Hospital*, Philadelphia, to fill the vacancy caused by the resignation of Dr. James H. Hutchinson.—*Med. News and Library*.

Selections and Medical Items.

ON SOLUBILITY OF FALSE MEMBRANE.—MM. Bricheteau and Adrian have recorded in the *Révue Médicale*, March 15, 1868, the result of experiments to ascertain the effects of various agents on false membrane. The membrane was obtained from a patient who had a diphtheritic affection and expectorated a large quantity. When the membrane was suspended an hour in the vapor arising from water containing sulphide of mercury in solution, no more effect was produced than with vapor of water alone. Concentrated solution of pepsin, at a temperature of 35° C. during twelve hours, produced disintegration of the membrane, but no solution. A few drops of lactic acid immediately dissolved it. Acetic acid, with an equal amount of water, caused a diminution of thickness after five or ten minutes, and the membrane became translucent, but did not entirely disappear. Citric acid had the same effect. Formic acid produced no change. Two drops of lactic acid added to five grammes of water dissolved a piece of membrane with a surface of about one cubic centimetre and weighing 20 centigrammes, in two minutes, with the exception of a few gelatiniform fragments, which a few additional drops dissolved. Lime water also dissolved the membrane; but the lactate of lime had no action. Concentrated solutions of potassa and soda do not act on the membrane, but diluted solutions act better. Bromine water does not act even after several hours. A saturated solution acts very slowly. Bromine in a nascent state, obtained by decomposing bromide of potassium by chlorine water acts better. Bromide of potassium and chlorine water gave no result. Chlorate of potassa and soda show a manifest but slow action. Various salts of soda and potassa have no effect. In conclusion—Lime water and lactic acid alone are capable of dissolving the false membrane entirely in a few minutes. Formula—for pulverization, aq. 100 grammes; lactic acid 5 grammes. For gargle, aq. 100 grammes; lactic acid 5 grammes; syrup of orange 30 grammes.

CASE OF ANOMALOUS NERVOUS DISORDER.—The following case we find in the *Lancet* :—

Emily S., aged 7½ years, was admitted to St. George's Hospital January 27th, 1867. Ever since her birth she has been fretful, and for a very long time now has been subject to transient fits and great nervous irritability. The child never talked at all until 7 years of age. She often complained of her head, as if in pain there. Father and mother reported healthy; four other children, all healthy. The child used often to go into uncontrollable fits of laughter, and would laugh till she fell. It was said she was worse in cold weather.

On admission, the child appeared to be in perfect health, and was well made; the head not large, the skull natural, rather of a simple countenance, but could not be said to have any vacant look. When touched on the shoulder or elsewhere sharply, the child dropped immediately helpless and quite unconscious, with a slight cry, coming to herself in about three seconds.

She was treated with gradually increasing doses of bromide of potassium (up to thirty grains) three times a day, and at first improved; but after two months confinement in the hospital seemed to affect her health, and the fits became more frequent. She was sent out in April.

GISSLER'S VACUUM TUBES.—At a soirée recently given by the President and Council of the London Pharmaceutical Society, a magnificent chandelier was exhibited by Dr. Stevens Squire, composed entirely of Giessler's vacuum tubes. The fluorescence of the various liquids through which the current was made to pass produced all the colors of the rainbow; and an additional effect was obtained by the use of uranium and other kinds of glass blown into bulbs, zigzags, &c. Eight large induction coils and forty cells of battery were required to set this beautiful electrical apparatus in action, and the light was sufficiently intense to illuminate the room in which the tubes were exhibited. Other specimens of Giessler's tubes on a large scale were arranged round the room, and were lighted from time to time.—*Lan.*

DR. THOMAS C. BRINSMADE, who died lately of heart disease at Troy, N. Y., was born at New Hartford, Litchfield County, Ct., in 1803, graduated at Yale College, and went to Lansingburgh, N. Y., where he remained until 1832, when he moved to Troy. He had filled the offices of President of the Rensselaer Co. Med. Society, Vice President and President of the State Medical Society, Vice President of the American Medical Association, and delegate to the International Medical Congress at Paris.

MEDICAL DIARY OF THE WEEK.

MONDAY, 9, A.M., Massachusetts General Hospital, Med. Clinic; 10, A.M., Medical Lecture. 9, A.M., City Hospital, Ophthalmic Clinic.

TUESDAY, 9, A.M., City Hospital, Medical Clinic; 10, A.M., Medical Lecture. 9 to 11, A.M., Boston Dispensary. 10-11, A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, 10 A.M., Massachusetts General Hospital Surgical Visit. 11 A.M., OPERATIONS.

THURSDAY, 11 A.M., Massachusetts General Hospital Clinical Surgical Lecture.

FRIDAY, 9, A.M., City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., OPERATIONS. 9 to 11, A.M., Boston Dispensary.

SATURDAY, 10, A.M., Massachusetts General Hospital Surgical Visit; 11, A.M., OPERATIONS.

TO CORRESPONDENTS.—Communication declined:—Perforating Wound of Kidney.

DEATHS IN BOSTON for the week ending Saturday noon, July 11th, 104. Males, 53—Females, 51.—Accident, 3—anaemia, 1—apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 5—bronchitis, 4—cholera, 1—cholera infantum, 11—consumption, 10—convulsions, 4—croup, 1—cystitis, 1—debility, 4—diarrhoea, 1—diphtheria, 1—dropsy of the brain, 3—dysentery, 2—epilepsy, 2—typhoid fever, 1—hemorrhage, 1—disease of the heart, 2—homicide, 1—intemperance, 1—disease of the kidneys, 1—inflammation of the lungs, 6—marasmus, 1—measles, 2—old age, 3—paralysis, 3—premature birth, 1—puerperal disease, 1—rheumatism, 1—scrofula, 1—sunstroke, 14—suicide, 1—unknown, 6.

Under 5 years of age, 40—between 5 and 20 years, 7—between 20 and 40 years, 31—between 40 and 60 years, 14—above 60 years, 12. Born in the United States, 58—Ireland, 35—other places, 11.

E. FOUGERA, Manufacturing Pharmaceutist,

(Late E. & S. Fougera,)

No. 30 North William Street, New York.

See Physiological and Therapeutical action of Cod Liver Oil, in the Med. and Surg. Reporter of Phil. 16 Feb. 1867.



FOUGERA'S



COMPOUND

IODINISED

Cod Liver Oil.

The immeasurable therapeutic superiority of this oil over all other kinds of Cod Liver Oils sold in Europe or in this market, is due to the addition of IODINE, BROMINE, AND PHOSPHORUS.

This oil possesses not only the nourishing properties of Cod Liver Oil, but also the tonic, stimulant, and alterative virtues of IODINE, BROMINE, AND PHOSPHORUS, which are added in such proportions as to render FOUGERA'S COD LIVER OIL FIVE TIMES stronger and more efficacious than pure Cod Liver Oil, saving therefore TIME, MONEY, SUFFERING, AND LIFE.

Fougera's
DRAGEES
AND
Syrup of Iron,
(PYROPHOSPHATE
OF IRON.)

This preparation, approved by the French Academy of Medicine, was first introduced into America (1857) by E. Fougera, Pharmaceutist. Its increasing favor among the medical faculty is the best proof of its real merits.

It is prescribed as a tonic and a stimulant in all cases requiring Iron and Phosphorous. As a nervous tonic no other remedy can supply its place. It is the most active adjuvant of Cod Liver Oil.

Each dragee, or each teaspoonful of syrup contains 2 grains citro-ammoniacal pyrophosphate of Iron.

DOSE.—4 to 8 grains, 3 times a day, before meals.

LANCELOT'S CIGARETTES, FOR ASTHMA.

It suffices to *inhale* the smoke of these cigarettes to experience immediate relief.

All nervous affections in general, and especially those of the chest, are often cured, and always relieved by the use of Lancelot's Cigarettes.

LANCELOT'S
IODINISED
Syrup of
Horse-Radish.

This syrup is composed of *Watercress, Scurey Grass, Horse Radish, Peruvian Bark*, and IODINE. It acts as a tonic, stimulant, diuretic, deobstruent and a powerful depurative remedy. It is an old, but highly esteemed preparation, daily prescribed in Europe and South America for *Swellings of the Glands, Rickets, Lymphatic and Scrofulous Affections, Chronic Rheumatism, and for Cutaneous and Syphilitic Diseases*. It is invaluable for lymphatic and debilitated children.

DOSE.—For adults, a tablespoonful 3 times a day, and at least two tea-spoonfuls for children also 3 times daily. Each tablespoonful contains 2 grains of Iodine.

FOUGERA'S
IDO-FERRO
Phosphated
ELIXIR OF
Horse-Radish.

This elixir composed by E. Fougera contains in addition to the above components, 4 grains of Pyrophosphate of Iron per tablespoonful, and is given in the *same manner and doses* as the above simple Iodinated syrup, and also in same cases, particularly in those requiring Iron.

One of the immense advantages of this new preparation, is to combine the virtues of Iodine and Iron, and to be deprived of the inky taste of the Iodide of Iron. So this valuable agent may now be administered under an agreeable and palatable form; having the further advantage to be readily assimilated, and to agree admirably well with the most delicate stomachs.

Another improvement is the powerful general stimulant property of the Phosphorus, in the pyrophosphate of Iron, which is also added to the action of the substances above named.

Every Physician and Pharmaceutist will see at once the real and important value of this new preparation. Their patronage is, therefore, respectfully solicited.

DR. DE JONGH'S

(Knight of the Order of Leopold of Belgium)

LIGHT-BROWN COD LIVER OIL.

IMPORTANT NOTICE.

THE invariable purity, palatableness, uniform and certain efficacy, and proved therapeutic superiority of DR. DE JONGH'S LIGHT-BROWN COD LIVER OIL, have secured for it the entire confidence of the Faculty in Great Britain and Ireland, and throughout the Continent of Europe, and it has for many years past been most extensively prescribed in preference to every other variety.

In consequence of the great importance of procuring Cod Liver Oil in its purest and most efficacious state, we venture to hope for the patronage and liberal support of the Faculty throughout America.

Hitherto there has been considerable difficulty in obtaining DR. DE JONGH'S GENUINE OIL in the UNITED STATES and CANADA, a fraudulent imitation having been audaciously sold to the unsuspecting Druggist, whereby the Medical Practitioner has been greatly disappointed by the failure of the remedy prescribed, and the patient perhaps seriously injured by the loss of precious time, or by the pernicious effects of a spurious compound.

In order to repress finally these dishonest practices, DR. DE JONGH has adopted the following precautionary measures, by means of which the genuineness of the Oil can now be easily ascertained.

1. The bottle is sealed with a new Patent Trade-Mark Capsule (Betts, Maker, London), color blue, opaque, bright foil top, stamped with a blue fish on a red shield, and the outside pink wrapper bears two labels—one white, the other yellow.

2. On the BOTTLE, each label bears **THREE SIGNATURES**, having in addition to that of Dr. de Jongh, that of Ansar, Harford & Co., sole consignees, London, and of Edward Greey & Co., sole accredited Agents, New York.



To these unequivocal evidences of genuineness the attention of the Medical Profession is earnestly directed. By these means the Faculty, in prescribing DR. DE JONGH'S LIGHT-BROWN COD LIVER OIL, will have the certainty that their patients can obtain the remedy in its genuine state; and it is confidently anticipated that in America, as in all other parts of the world, DR. DE JONGH'S OIL will gain the entire approval of the Medical Practitioner, and afford the greatest satisfaction to the invalid.

Sole Accredited Agents
FOR THE UNITED STATES,
For CANADA, and the other parts of British N. America,
EDWARD GREEY & CO.
34 VESEY STREET, NEW YORK.

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CODMAN & SHURTLEFF'S

Apparatus for Local Anæsthesia and Atomization of Liquids.

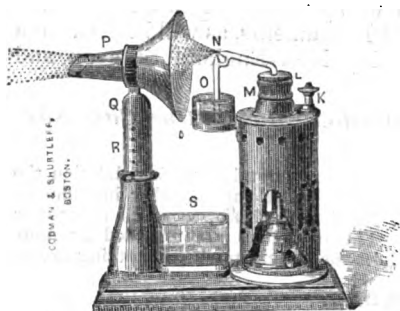


FIG. 1.

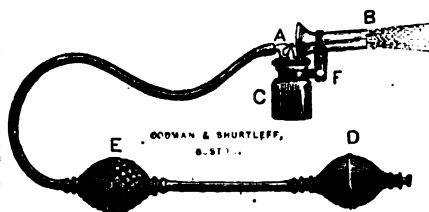


FIG. 5.

Will be sent by mail (post-paid) on application,

A PAMPHLET,

containing two articles by distinguished foreign authority, on

"INHALATION OF ATOMIZED LIQUIDS,"

with formulæ of those successfully employed.

An article by Dr. J. L. W. THUDICHUM, M.R.C.P., on

"A NEW MODE OF TREATING DISEASES OF THE NASAL CAVITY,"

with his formulæ.

An illustrated description of the *best apparatus* for the above purposes, and for producing Local Anæsthesia by Atomization, with Ether, by the method of Dr. RICHARDSON of London; or with Rhigolene, as described by Dr. HENRY J. BIGELOW, in the *Boston Medical and Surgical Journal* of April 19, 1866. The following is an extract from a note from Dr. Bigelow:—

"I have thus far found nothing better for freezing with Rhigolene than the tubes made by you after the pattern I gave you, and which I still use with your other apparatus."

Dr. J. MASON WARREN says:—

"Your apparatus for Atomization of Liquids seems to have been carefully made, and I think it an efficient one where required for treatment of diseases of the Throat and Lungs. The apparatus for Local Anæsthesia which you made for me answers the purpose perfectly."

PRICES.

Steam Apparatus (see fig. 1) complete, with two Glass Atomizing Tubes and Face Shield, packed for transportation	\$12.00
Shurtleff's Atomizing Apparatus , (patented March 24, 1868, — see fig. 5), with two Glass Tubes for Inhalation, packed	4.50
Hand Ball Apparatus with two Glass Atomizing Tubes for Inhalation, packed	4.00
Silver Plated Tubes , for Local Anæsthesia, each	2.00
Rhigolene for Local Anæsthesia, best quality, packed	1.00
Nasal Douche , or Apparatus of Dr. THUDICHUM for Treating Diseases of the Nasal Cavity, packed	2.50 to 3.50

[For complete illustrated price-list of the above see pamphlet.]

[SEE OTHER SIDE OF LEAF.]

Our Atomizing Apparatus is made with the utmost care with view to its complete efficiency, convenience, and durability, and every one is warranted. The Steam Apparatus has been adopted into the "Supply Table," as the standard for the United-States Army. A Gold Medal has lately been awarded us by the Middlesex Mechanics' Association, for Atomizing and Surgical Instruments, as will be seen from the following report, signed by a leading New-England Surgeon and Physician :

"1503. Codman & Shurtleff, Boston, Mass. One Case Surgical Instruments and Atomizers.

"The Committee have no hesitation in awarding for this superb exhibition the highest premium. * * * * * The various other instruments for Inhalation of Atomized Liquids, and for Local Anæsthesia, were all apparently faultless, both in design and workmanship. The exhibitors are regarded as more especially deserving of the highest token of merit for having produced nothing except of their own manufacture.

GOLD MEDAL.

(Signed)

GILMAN KIMBALL, M.D., *Chairman.*"

The parts of each kind being interchangeable, physicians at a distance can be sure that in ordering tubes, &c., they will be adapted to the apparatus previously purchased.

ALSO FOR SALE:

Cammann's Stethoscopes, Articulated	\$8.00
" " Disarticulating	8.50
Laryngoscopes, complete	17.00 to 28.00
Simple Throat Mirrors	1.50
Ophthalmoscopes, Liebreich's	7.50
Holt's Dilator	18.00
Barnes' "	10.00
Bowman's Probes, per set.	4.00
Williams' Modification of same, per set.	5.00
Large Ear Mirrors	4.50 to 5.00
Hypodermic Syringes	4.00 to 16.00
Miller's Intra-Uterine Scarificator (post-paid)	7.00
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Æsthiometers	3.50 to 5.00
Lente's Intra-Uterine Caustic Instruments	1.50 to 4.00
French Rubber Urinals, with valves, male, for night or day	7.00
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Trusses — Spinal and Abdominal Supporters — Shoulder Braces — Suspensory Bandages — Elastic Hose — Medicine Trunks and Pocket Medicine Cases — Otoscopes — Endoscopes — Dr. Sayre's Splints for Hip-Joint Disease — Fever Thermometers — Respirators — Syringes — Crutches — Universal Syringes — Galvanic Batteries and Apparatus — Uterine Sponge Tents — French Conical and Olive-tipped Bougies and Catheters.

Skeletons, Skulls, Manikins, Anatomical and Pathological Models and Charts on hand or imported to order; prices on application. All Instruments, Implements, and Materials used by dentists, always on hand. Apparatus for Club Feet, Weak Ankles, Bow Legs, Spinal Curvature, and other deformities, made to order.

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MEDICAL JOURNAL ADVERTISING SHEET.

PHARMACEUTICAL PRODUCTS—Prepared by

Messrs. GRIMAULT & Co., *Operative Chemists,*

45 Rue Richelieu, Paris.

All these medicines are prepared under the direction of Dr. Leconte, Professor of the Faculty of Medicine, Pharmaceutic Chemist to the Hospitals of Paris, ex-Preparator at the College of France for the Physiological Courses of Prof. Magendie and Claude Bernard.

Grimault & Co.'s Iodized Syrup of Horse-Radish. The best substitute for Cod-Liver Oil. It contains five grammes of Iodine in each table-spoonful intimately combined with the juice of antiscorbutic plants, such as water-cress, scurvy-grass, horse-radish, &c.

N. B. Beware of spurious imitations.

Dr. Lera's Phosphate of Iron and Soda, in Solution and Syrup. The most agreeable and most easily assimilable of ferruginous preparations, combining the principal elements of the bones and the blood, viz., Iron and Phosphorus.

Grimault & Co.'s Ferruginous Syrup of Peruvian Bark Tonic, reparatory and anti-chlorotic. Each table-spoonful contains 20 centigrammes of Pyrophosphate of Soda and 10 centigrammes of extract of Quinia.

Grimault & Co.'s Matiao Injection and Capsules. A new preparation of the leaves of Peruvian Matiao, of more certain effect than most of the medicines recommended for the same class of diseases. The capsules, the envelopes of which are composed of Glutem, contain the essence of Matiao combined with the Balsam of Copaliba, and do not cause the rising in the stomach.

Grimault & Co.'s Syrup of Hypophosphite of Lime and Syrup of Hypophosphite of Soda, against the affections of the lungs and chest.

Grimault & Co.'s Guarana, prepared with the resinous juice of the Brazilian Paulinia Sorbilla, against headaches.

Grimault & Co.'s Digestive Elixir of Peppine, prepared with the pure peppine and not with the amylase-peppine.

Grimault & Co.'s Indian Cigarettes, prepared with the essence of Cannabis Indica. Wonderful results are obtained from the use of these cigarettes by persons suffering from Asthma and other complaints of the respiratory organs.

Lagau's of Bordeaux Syrup and Pats of EAP of SEA PINE. Employed with the greatest success against Colds, Bronchitis, Asthma, Influenza, and diseases of the chest. It contains all the Balsamic and resinous properties of the Sea Pine.

Duroz, Boston,

WEEKS & POTTER.

Jy16—1cmly.

DR. D. H. GOODWILLIE'S INHALING APPARATUS—For Administering all the Anæsthetics, Medical Vapors, &c.



DESCRIPTION.

- a. Bottle loosely filled with a sponge.
- b. Tube passing to the centre of the sponge, conveying air.
- c. Tube conveying the vapor from the bottle.
- A. Facet containing the inhalation and exhalation valves and air passage, and revolving one sixth of a circle.
- C. Face piece, fitting over mouth and nose—with flexible border. (Two sizes.)

FIG. 2.

Faucet with the Valves.

- A. Inhalation valve for the passage of the vapor.
- f. Exhalation valve for the breath to pass out.

- j. Passage for the vapor in inhalation and the breath in exhalation.
- g. Fresh air passage, with an index to show the quantity of vapor or air being inhaled at any given time.

This is a *Safe, Simple, Efficient, and Economical Apparatus.*

Safe. As it is under complete control. Air being inhaled with the vapor produces good anæsthesia without asphyxia.

Simple. Consisting of an Inhaler connected to a bottle from which the anæsthetic or medical vapor is inhaled.

Efficient. The gradual inhalation produces less spasm of the epiglottis (coughing), struggling or sickness. Anæsthesia is quickly produced and maintained. Rapid recovery from the anæsthetic.

Economical. As all the vapor must pass from the bottle to the lungs, there is consequently a great saving of the anæsthetic, and no smell of ether in the room.

The whole Apparatus, consisting of two face pieces, with flexible border for children or inhalation by the nose, two bottles for the anæsthetics or medical vapors, complete in a portable bag.

This Apparatus can be seen in operation at the Mass. Gen. Hospital and City Hospital, on operating days.

For sale by **CODMAN & SHURTLEFF,**
13 Tremont Street, Boston.

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BORDEN'S EXTRACT OF BEEF—For the immediate production of *Beef Tea*.—This extract consists of the juices of choice Beef cooked in the most perfect manner, and concentrated by evaporation, in *vacuo*, into the smallest bulk.

One pound comprises the soluble portions of twenty pounds of fresh beef obtained from mature animals slaughtered while in perfect health.

This Extract of Beef differs from Borden's Meat Biscuit (see U. S. Dispensary) in being concentrated to a degree four times greater, and in containing no farinaceous constituent, without the aid of which perfect preservation had not then been obtained. It is a nut-brown substance of the consistence of caoutchouc, possessing the flavor of delicately roasted meat, and keeps in perfect condition for an indefinite length of time.

Dissolved in varying proportions in hot water and seasoned, a Beef Tea, or Essence of Beef, of any desired richness, is instantly produced, of aromatic flavor, more palatable than and superior in all essential qualities to that made by ordinary culinary methods, and which is gratefully received and retained by the stomach when other forms of food are rejected.

It has received the highest approval of many of the first physicians in the United States, and is offered for use wherever a stimulating and supporting element is indicated.

Full directions accompany each package.

Made by BORDEN & CURRIE, in Illinois, and sold at wholesale and retail by them at 112 E. 29th Street, and by Geo. W. Southwick, successor to Philip Shieffelin & Co., 58 and 60 Vesey Street, New York, and at retail by many druggists and grocers in various parts of the country. In Boston for sale by

THEODORE METCALF & CO.

DT—4t.

Tremont Street.

TWO PHYSICIANS AND DRUGGISTS.—A. F. PATTER, M.D., Manufacturing Chemist, 168 Shawmut Avenue, Boston, has constantly on hand Tinct. of Cactus Grand. and other rare Tinctures and Chemicals. Also Syrup Phosphas Ferri Quinis et Strychnis, and Syrup Calcis.

All orders promptly attended to.

Ap.4—4t.

VACCINE VIRUS.—Warranted pure, fresh and reliable. Orders by telegraph or mail answered by return train as follows: Ten quills, \$1.50; one crust, \$3. From nine, ten quills or one crust, \$2.

Also—Gordon's New Spring Vaccinator, for using the crust—price \$3.

May5—4t.

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MEDICAL JOURNAL ADVERTISING SHEET.

BOYLSTON MEDICAL PRIZE QUESTIONS.—The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following Physicians:

EDW. REYNOLDS, M.D.	D. H. STORKE, M.D.
JOHN JEFFRIES, M.D.	CHAS. U. PUTNAM, M.D.
S. D. TOWNSEND, M.D.	MORRILL WYMAN, M.D.
J. B. S. JACKSON, M.D.	HENRY J. BIGELOW, M.D.

RICHARD M. HODGINS, M.D.

At the annual meeting of the Committee on the first Wednesday in June, 1868, it was announced that no dissertation had been presented on either of the questions proposed.

The following questions are proposed for 1869:

1. Food in Disease, acute and chronic; its variety, advantages, dangers, and relation to appetite.

2. The Surgical Treatment of Hemorrhoids, and the Surgical Treatment of Fistula in Ano, with its result.

The author of the best Dissertation on either of the subjects proposed for 1869, will be entitled to a premium of one hundred and fifty dollars.

Dissertations on these subjects must be transmitted, post-paid, to John Jeffries, M.D., on or before the first Wednesday in April, 1869.

The following are the questions proposed for 1870:

1. The modern Pathology of Tumors.
2. Aphasia, or the relation of the Brain to Speech.

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday in April, 1870.

The author of the best dissertation considered worthy of a prize, on either of the subjects proposed for 1870, will be entitled to a premium of two hundred dollars.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within which shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

The writer of each dissertation is expected to transmit his communication to the President, John Jeffries, M.D., in a legible handwriting, within the time specified.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish annually the following votes:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.

2d. That in case of publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

HENRY J. BIGELOW, Sec'y.

Publishers of Newspapers and Medical Journals throughout the country are respectfully requested to notice the above.

Jy16—3tcw

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Ap. 26—tf

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Whole No. 2108. }
Vol. LXXVIII. }

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SPRING COURSE.

The Spring Course for 1868 will commence on Monday, March 16th, and will continue three months. During this time, beside the Cliniques, lectures will be given by the College Corps of Lecturers.

Two Didactic Lectures and one Clinique will be given daily during the above course; the subjects treated of in the Didactic Lectures being fully illustrated in the Cliniques.

Students who have matriculated are entitled to attend the Cliniques of the College throughout the year. Attendance on the Didactic Lectures of the Spring Course requires the additional payment of a fee of \$30, or \$5 for each separate course.

Certificates of attendance on this course will be counted as time spent in the study of medicine under the direction of a practitioner.

REGULAR COURSE.

The Regular Course of Lectures for the Session of 1868-9, will commence on Thursday, the first day of October, 1868, and will continue until the following March. This course will consist of from five to six Daily Lectures in the various departments of Medicine and Surgery, both elementary and practical, together with Daily Clinical Lectures, delivered both at the College and at the larger Hospitals.

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Students who have attended two full courses in this College, or who, having attended one full course in some regularly established medical school, shall *subsequently* attend one full course in this College, are admitted to a third course of Lectures on payment of the matriculation fee only.

Graduates of this school are admitted without fee. Graduates of other regular schools who have been in practice three years, and *theological students*, are admitted on general ticket by paying the matriculation fee.

Recent graduates of other regular schools, and students who have already attended two full courses of lectures, are admitted on payment of the matriculation fee and \$70.

Letters requiring information should be directed to the Secretary of the Faculty, College of Physicians and Surgeons, corner of 23d Street and Fourth Avenue, New York.

 Students are requested, on their arrival in the city, to call at the College and register their names with the Clerk, Mr. McLinden who will give them all necessary information, and aid them in obtaining board.

Jan. 2—cowlyx.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, JULY 30, 1868.

[Vol. I.—No. 26.]

Original Communications.

PROGRESSIVE LOCOMOTOR ATAXY.

Read before the Boston Society for Medical Observation
by S. G. WEBBER, M.D., Boston.

This disease was known formerly as *tabes dorsalis*, and as such is well described by Romberg; but the whole of the group of symptoms belonging to it was not fully recognized until Duchenne (of Boulogne) communicated a memoir on that subject to the Society of Medicine of Paris in 1857. This memoir is reproduced in all its essential particulars in his work "L'Electrisation Localisée." Since that date, observers in other places have continued the investigations, and an extensive literature on the subject has been created.

The two cases here related illustrate two different forms of the disease; but in neither do all the symptoms occur which are sometimes met. For a fuller description reference may be made to Trousseau's *Clinique Médicale de l'Hôtel Dieu*, t. ii.; to St. George's Hospital Reports, vol. i.; an article by Dr. J. L. Clarke; or to Reynolds's *System of Medicine*, vol. ii. Dr. Radcliffe, in the last work, sums up the distinctive symptoms as follows:—

"A peculiar gait, arising from want of coördinating motor power in the lower extremities—a gait precipitate and staggering, the legs starting hither and thither in a very disorderly manner, and the heels coming down with a stamp at each step.

"No true paralysis in the lower extremities or elsewhere.

"Characteristic neuralgic pains, erratic, paroxysmal, in the feet and legs chiefly—pains of a boring, throbbing, shooting character, like those caused by a sharp electric shock.

"More or less numbness in the feet and legs chiefly, in all forms of sensibility, excepting that by which differences of temperature are recognized.

"Frequent impairment of sight or hearing, one or both.

"Frequent transitory or permanent strabismus or ptosis, one or both.

"No very obvious paralysis of the bladder or lower bowel.

"No necessary impairment of sexual power.

"No tingling or kindred phenomena.

"No marked impairment of muscular nutrition and irritability.

"No impairment of the mental faculties.

"Occasional injection of the conjunctivæ, with contraction of the pupils."

Dr. Radcliffe takes no notice, in this summary, of the usual order of precedence in the various symptoms. This, as described by Duchenne, is shown in the first of the following cases. The first period is characterized by "paralysis of one or several of the motor nerves of the eye, complicated with paralysis of the optic nerve, and by erratic, boring pains; the second, by the appearance of defects of coördination, and, soon after or simultaneously, by muscular and cutaneous insensibility, generally in the lower limbs, or sometimes in the upper limbs; the third, by generalization of the disease."

CASE I.—Mr. — came to me last February, in accordance with the suggestion of Dr. Knight. He said he wished to know whether electricity would be of any use in restoring his lost power. He seemed to have very little faith in any kind of treatment, and his mental condition was one of great despondency. As he expressed himself, he thought he might as well die of this disease as of any other, if he was going to die at all.

He is about 59 years of age, has been married thirty years and had one child, which is dead. His business has been to construct and fit the wood-work for machinery. His father died of paralysis. He says he has had rheumatism very severely and frequently in every part of his body for the last thirty years. He is not aware of any cardiac trouble. He has many times during the last thirty years strained himself by lifting heavy weights—has at times been laid up for several days on that account; as he said, has had a "crick" in

[WHOLE No. 2109.]

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his back by turns for several years. But nothing of this kind had occurred for months previous to his paralysis.

For many years he has had attacks of numbness in his right thumb, so that he could not write, especially in winter. For this he had rubbed his thumb with alcohol. If the attack was very severe, he might have only one during the winter; if less severe, he might have more.

Three or four years ago, his eyes were affected, on which account he consulted Dr. Williams, who told him he had amaurosis. The right eye was the worst, and was almost blind. The affection of the eyes came on rather suddenly. Subsequently, the amaurosis improved. He acknowledges no trouble in the head and no vertigo.

About one year ago last January, he noticed, while at work, that he had suddenly lost power over the left leg. He could not, while sitting on his stool, extend his leg. He did not fall down when he tried to walk, but could draw his leg after him. If he stumbled, however, he could not recover his balance. At the same time with the motor paralysis, there was a slight loss of sensation in the same leg. He seems subsequently to have regained considerable control over the muscles of his leg, or else the paralysis was not so complete as he stated, since, when I saw him, it was not very marked.

For several months there was a slow advance in the paralytic symptoms. The paralysis extended to his right leg, and that became worse than the left. It gradually extended up the right side to the right arm and then to the left arm.

Last December, he had paralysis of motion and somewhat of sensation in the right side of his face, and ptosis of the right eyelid. This did not last long. He wet his face in the morning in cold water, and used friction with a coarse salted towel; to this he ascribes the improvement which took place in his facial paralysis.

He thinks that since December he has been losing ground slowly, and that the disease has been gradually advancing.

Now, he has some difficulty in seeing, especially with his right eye, which reacts rather sluggishly under the influence of light. He has no abnormal sensations, as of itching, tingling, formication, &c. He has a sensation as of a cord bound round about the middle of the left arm. This sensation exists nowhere else. He complains of a sensation of cold nearly all the time, especially in the feet, up to the middle of the leg, and to a less degree in the

body, but most marked in the left great toe and along the inside of the foot to the heel, and here it is accompanied with numbness. It exists to a less degree in corresponding parts of the right foot. The numbness also extends partly up the leg.

He balances tolerably well, and with his eyes shut can walk, though with a very unsteady gait. He can stand with his feet together and eyes shut, but sways backwards and forwards more than is natural in health. He thinks he has most difficulty in moving his legs in the morning, after lying a-bed all night.

When walking, he feels as though he must go fast, so as not to fall forwards, so that his feet may keep up with his head.

Sensation is not very good in the back of his head, and he is very sleepy. He feels best when lying down.

His appetite is poor; he is constipated, but is not troubled with flatus.

The examination ceased here, owing to the lateness of the hour, and I told him I would call the next day at his house for the purpose of examining the condition of the various sensations. The next day, excuse was made that his wife was sick, and I have not heard from him since.

CASE II.—O. McG., a laborer, I saw at the City Hospital, in the service of Dr. Blake, who has kindly permitted me to make use of the case to further illustrate the subject. The hospital record states that he was a hard drinker till eight years ago, and since that time has indulged immoderately in whiskey, but has always been well and strong till last May. About one month before that time he was knocked down by a horse, which trod upon his right side. He is not aware of any injury to his head or back, though after the accident he had much pain in his side on breathing.

About May 1st, he first experienced a cold sensation in the left foot, as of a wet stocking drawn over it. In a month, the right foot was affected in a similar way. The sensation gradually extended, and in three months had reached the knees, when he was obliged to give up work.

He had no headache nor any trouble with his head for three months after the trouble in the lower extremities commenced. He then had sharp, darting pains in teeth, face and head, and since that time has felt light-headed.

At present, the sensation of coldness has invaded the whole of the lower extremities and the body below a line passing through the lower ribs. There is also marked impairment of sensibility, which is worst at

the feet and decreases upwards. Reflex action is very much diminished or lost in the feet. Sensation and motion of the upper extremities seem to be impaired. Eyesight but little affected; he sometimes sees specks floating before his eyes. April 1st, the day of entrance into the hospital, in the afternoon, he complained of a cloudiness of vision for the first time. Pupils act naturally. Taste and smell unimpaired.

He is obliged to micturate quite frequently, and sometimes when he feels the desire to do so, he has a passage of urine unwittingly. He never passes urine while asleep.

His gait, when walking, is peculiarly characteristic of this affection; much more so than in the previous case. When attempting to walk, even if supported on each side, his legs are moved about in a very disorderly manner, sometimes sideways, sometimes forwards and backwards, sometimes crossing each other, and the heel comes down with emphasis upon the floor. If his eyes are shut, he cannot stand when the feet are brought together.

He became dissatisfied and homesick, and left the hospital in two days.

Only occasionally, as at the commencement of the attack in the first case, is there real paralysis of motion; the patient is unable to walk, and is perhaps confined to the bed, but can move his limbs with power, though in a disorderly manner and perhaps by jerks, not being able to check them at just the point desired.

The affection with which locomotor ataxy is most likely to be confounded is disease of the cerebellum, especially one of slow growth, as a tumor. But in an affection of the cerebellum there is found vertigo, sometimes vomiting, headache, or perhaps throbbing sensations in the head. The defect in motion is also different. The gait is unsteady rather from lack of power over the muscles, or on account of the vertigo, than from defect of coördinating power. The vision may be affected in both diseases.

The second case is one of the more erratic cases, commencing with the second period, the symptoms of the first period appearing only intercurrently.

It is certainly a long duration for the disease to have dated back thirty years, yet that is the date at which the rheumatic pains were first felt, and according to his description they seemed to resemble the tearing and boring pains of locomotor ataxy more than those of rheumatism. Though not stated in the notes, I believe he complained of the pains having been in his lower

extremities more frequently and more severely than elsewhere. It would also be very unusual that one should have rheumatism repeatedly, and the pains be so severe that their recollection was disagreeable, and yet be aware of no cardiac complication. I ought to say, however, that I did not make any examination, intending to do so while he was in bed next day. The disease is sometimes of very long duration; thus Mr. Carré refers to cases which had lasted 20, 21, 24 and even 28 years.

In the 2d volume of Reynolds's System of Medicine, Dr. C. B. Radcliffe does not recognize the fact that the upper extremities may be involved. Yet in the first case there was partial loss of sensation in the right thumb, occurring before the loss of motion in the lower limbs. Many other cases are on record, one by Duchenne, in which the abnormal condition was perceived in the upper extremity. Also, at *post mortems*, changes have been recognized in the cervical region of the cord. In a *post mortem* by Dr. J. L. Clarke, recorded in the *Lancet*, June 10, 1865, the change was noticed as high as the second cervical nerve.

The change usually found after death, as described by various observers, is degeneration of the posterior columns of the spinal cord, chiefly in the lumbar region, occasionally extending as high as the cervical, rarely confined to the latter region. This degeneration may extend to the neighboring posterior cornua and gray matter; it may even involve the posterior roots. This last is not a constant lesion, but is usually found where there is loss of sensation. "The degeneration is essentially characterized by gradual and progressive atrophy of the nervous elements, and by a gradual and progressive development of the connective tissue which separates them."—Carré, p. 189.

Similar changes have been found in the optic nerves, and also other cranial nerves when these have been affected, but more especially the motor nerves of the eyes.

Various influences have been assigned as the cause of this disease. Comparatively a large number of patients have suffered either from strains of the back or fatigue, or have been exposed to wet and cold during a long period of time. In both the cases herewith reported, there is a history of injury; in the first case often repeated straining, and the first pains appeared at about the same period as the first strain, or thirty years ago. In the second case, there is a history of an injury to the side, and

consequent difficulty of breathing, about a month before the peculiar coldness of the feet was noticed.

Duchenne states briefly — "Some patients accuse sudden or too prolonged cooling, suppression of transpiration; thus, for example, there is a sportsman who often has remained a long time with the feet and legs in the water. Once, the phenomena of this disease have shown themselves after a too prolonged sitz bath. Trousseau mentions hereditary taint, also, as a predisposing cause. This may appear in the first case, where it is stated that the father died of paralysis.

Out of 132 cases referred to by Carré, some of which, however, were not of this disease, 66 have no cause assigned, and no antecedents are given. In 17 there was a previous history of syphilis, in 8 of rheumatism, 6 had been exposed to unusual and frequent fatigue, 23 had been subjected to cold and dampness in various ways—either dwelling in damp houses, sleeping in the open air on damp ground, working in damp places, or were subject to sudden cooling while perspiring freely, and immediately after felt the first signs of the disease. In 9, there had been emotional excitement or long-continued anxiety. In 5, disease of the nervous system had existed among the ancestors. In 5, abuse of wine or venereal excess had been noted.

[To be concluded.]

RUPTURE OF THE UTERUS AND VAGINA.

By EDWARD BARTON, M.D., of Orange, Mass.

I was called, April 7th, 7 o'clock, A.M., to Mrs. —, Irish, aged 40, mother of three children, one stillborn. She was of medium size, rather fleshy, of uniform good health, except that she had a bronchial difficulty, with hoarseness. I learned from two female attendants and the patient, that she was attacked with labor pains about 5 P.M., the day before; that the full time for labor had arrived; that labor progressed apparently favorably till 10½ o'clock, when she had a very severe pain, accompanied with a tearing sensation low down in the left side, and an audible snap, which was heard in an adjoining room; that the pains ceased from that time; that severe hæmorrhage and free vomiting ensued, and that she became cold and languid. I found her with pale and sunken countenance, cold extremities and feeble pulse, and occasionally eructating dark-colored matter from the sto-

mach, which she frequently had done during the night.

Under these circumstances, I made a vaginal examination, but finding such a confused state of things that I could not ascertain anything satisfactorily by the feel of the finger, I carried the hand within the vagina and discovered a laceration, and an entire separation of the vagina from the uterus, with two longitudinal rents in the upper third of the vagina—one anterior, the other posterior—and both a little to the left of the median line; these rents extending into the left portion of the cervix uteri, and there meeting. This triangular formed flap was turned down and pendulous within the vagina, some three inches. The uterus was high up, its cervix resting to the right of the sacro-vertebral prominence, with its fundus turned to the right, and apparently empty and firmly contracted. The fœtus was not within reach while the hand was within the pelvis, but it could be felt through the abdominal parietes, above the umbilicus.

I could not satisfy myself whether the membranes had been ruptured before the accident, but the patient was sure that there had been no sudden gush of water.

It appeared very clear that the fœtus and placenta had escaped within the abdominal cavity, and I explained the nature of the case to the patient, and informed her of what the certain result must be. Under the circumstances, it seemed a serious question whether it would be an act of mercy to attempt to do anything with a view of delivery.

She was stimulated, had warmth applied to the extremities, and an opiate administered; after the lapse of several hours, the patient not getting materially worse, I decided to make an attempt to deliver. She was etherized; the hand, moistened with warm water, was carried through the rent to the left of the uterus, its fundus grasped within the hand, and found empty and firmly contracted. The hand passed up, with its dorsum to the parietes, above the umbilicus, and rested upon the breech of the fœtus, which lay transversely, with its head and shoulders in the left iliac region; but the omentum intervened, and the hand was drawn down and passed beneath the omentum, the breech gained, and then by degrees the right foot. Failing to secure the left, the right was drawn down and secured, and then the left found and brought down also; traction was commenced, and after some difficulty the patient was delivered of a large female child, and then of

the placenta, with the cord entire. The hand was again passed within the vagina; there was no protrusion of the viscera through the rent, and the lacerated parts were adjusted as well as circumstances would admit.

At this stage of proceeding, the patient was very low, the pulse being hardly perceptible. As soon as she could be made to swallow, stimulants were freely given, warm applications to the extremities and warm spirit lotion to the abdomen. At the end of an hour reaction had slightly taken place, and at the expiration of five hours she appeared about as well as before I commenced delivery. At 8 o'clock, P.M., her pulse was 140, and I left her with morphine gr. $\frac{1}{4}$ every two hours, to be alternated with quinine gr. $\frac{1}{8}$, with whiskey at short intervals.

8th, A.M.—Patient slept two hours during the night. Has vomited frequently; is thirsty; tongue dry; has better warmth of extremities; complains of some abdominal tenderness, but no pain; abdomen rather full, but not tympanitic; has urinated; no hæmorrhage; countenance full as good; pulse 140. Continue the medicine. Has crust tea.

P.M.—No worse. Continue treatment.

9th.—Slept considerable during the night. Says she "feels no way worse." Skin is moist and warm; vomits the same dark fluid, and is thirsty; pulse 136; abdominal tenderness about the same. Continue the treatment.

P.M.—Has passed the day very well. Occasionally vomits; no vaginal discharge. No change of treatment.

10th.—Slept during the night. Skin is warm and moist; vomits the same dark fluid; is thirsty; tongue dry and covered with brownish coat; abdomen is tympanitic; no increase of tenderness; no pain; pulse 135. For the first time, there is a discharge from the vagina of bloody serum, which ran through the bed in a puddle on the floor.

11th.—No particular change. Vomits; less vaginal discharge; pulse 132.

12th.—There is no great change. Has very little pain or tenderness; vomits, and is thirsty; pulse 136. Up to this time, there has been no change in the breasts, but now there is some hardness and she feels chilly.

13th.—Did not pass a good night, but there is no change in appearances. Pulse 135. There is secretion of milk; urinates well; foetid vaginal discharge.

14th.—Bowels moved freely by enema; pulse 132; no secretion of milk.

15th.—Is as well. Vomits less; has less tenderness; bowels moved voluntarily; pulse 132.

16th.—Did not pass a good night; was restless. Complains of pain in umbilical region; the navel pouches out, and there is increase of heat and tumefaction of the tissues about the region. Pulse 132. The discharge from the vagina is described as looking like yolk of egg, and is very foetid. There is more dryness of the mouth, and thirst. Omit quinine.

19th.—Apthous deposition on tongue.

21st.—Appears quite as well; very little tenderness; bowels soft and less full; no discharge from vagina; pulse 115.

24th.—Sat on the side of the bed yesterday more than an hour. Did not rest as well last night; has less appetite; vomited in the night; pulse 120.

25th.—Seems better. Tongue moist and clean; takes more nourishment; pulse 90; bowels soft; no vaginal discharge. Diminish morphine one half.

27th.—Bowels moved by enema, and in twelve hours moved twice voluntarily, and vomited; pulse 95.

29th.—No nausea; no thirst; no tenderness; bowels soft; no vaginal discharge; pulse 102.

At 4 o'clock, A.M., on May 5th, she had a chill, with pain in her bowels, her extremities became cold, and she died in one hour, having lived twenty-eight days and six hours after the accident. No autopsy.

I made no vaginal examination after the day of delivery.

In treating the case, my object from the commencement was to keep her constantly under the influence of opiates, not to the extent of narcotism, but so that its effects could be felt by the patient and seen by others. The patient was not well nursed.

She was allowed to change her position at pleasure, and she turned from side to side, and had strength to help herself considerably, and for the last few days prior to the last *two*, there was an increase of strength. Her bowels being so natural, soft, and free from tenderness, and the vaginal discharge having ceased for so long a time, seemed to indicate that she was doing well; and at times, losing sight of my better judgment, I would half believe that she would recover.

It is worthy of mention that the patient had a large sore on the nates, apparently the result of a scald from hot applications during labor, by the female attendants. What influence, if any, this had in producing rupture, we cannot decide.

Hospital Reports.

BOSTON CITY HOSPITAL.

Notes of Operations during the month of June, 1868.
Reported by FRANK W. DRAPER, House Surgeon.

CASE I.—Large Tumor of the Neck; Excision. (Service of Dr. D. W. CHEEVER.)—Mrs. F., aged 68, reported her disease to be of four years' duration. It commenced as a small swelling below the angle of the lower jaw, on the left side. In two years, it attained the size of a pullet's egg. In August, 1866, it was removed. Within three months, the growth returned *in situ*, and gradually developed, until, at the time of entrance to the hospital (June, 1868), a tumor of the size of a cocoa-nut occupied the side of the neck. It was covered with healthy integument, and its surface was lobulated; at the most dependent part, a single cyst appeared to contain fluid. It was apparently attached firmly to the surrounding tissues. The trachea was pushed towards the opposite side, and respiration and deglutition were, in some degree, compromised. The patient's health had not been very seriously affected, and she possessed unusual vigor for her time of life.

The growth was removed by Dr. Cheever, as follows:—The patient having been slowly etherized, a primary incision was made, elliptical in shape, and extending downward from the mastoid process over the most prominent portion of the tumor, a distance of six inches and a half, to the median line of the neck. From this incision, the dissection was carried around the growth to its under surface, the adhesions being firm and general. The point of strongest attachment was near the angle of the jaw, where the bone had been laid bare by the disease over a space an inch long. In the course of the dissection, which was unusually deep and extensive, the following parts were exposed. The sterno-mastoid was free, and could be drawn outwards, and with it the external jugular vein. The omo-hyoid was implicated in the growth. The digastric muscle was divided in its tendinous portion, as it was incorporated in the tumor. Toward the median line, the thyroid cartilage was extensively exposed. The whole of the floors of the submaxillary and superior carotid triangles were laid bare; and also one half of the inferior carotid triangle. The internal jugular vein, near the lower part of the wound, ran in contact with, and was adherent to the tu-

mor, and had to be manipulated very carefully. The common carotid artery was exposed from below the omo-hyoid to its point of bifurcation. The external and internal carotids were uncovered as high as the angle of the jaw. The spinal accessory nerve was seen and avoided. The tumor burrowed under the jaw, and was separated from the mouth only by mucous membrane. It was dissected out by the aid of one finger in the mouth, without opening that cavity. No large arteries or veins were cut. Vessels were tied as they were divided, or previously, if discovered in the tissues in the way of the knife. By this means hæmorrhage was, in great measure, avoided. In using the precaution, however, of tying vessels before section, a ligature was passed around what proved to be the thyro-hyoid branch of the hypoglossal nerve. Terminal filaments of the facial nerve were necessarily divided.

The tumor, after removal, was of the size and shape of a cocoa-nut of medium dimensions. Its weight was 9½ ounces Troy. A section presented all the characteristic appearances of encephaloid growths. The cyst noticed before the operation was found to contain half an ounce of sanguineous serum. The whole mass was cleanly removed, its limits being well defined. The submaxillary gland had been removed at the first operation, two years ago.

The wound was left open four hours, and at the end of that time the edges were easily approximated with silk sutures placed at intervals of half an inch. Cold-water dressing was applied.

Recovery, subsequently, was moderate. During the first four days, severe pain in the epigastrium, occurring in paroxysms, indicated the administration of opiates. So severe and persistent were these paroxysms, that it was feared some branch of the pneumogastric nerve had been ligatured; and Dr. Cheever had determined, if relief did not come the following morning, to re-open the wound, and seek for and cut away the mutilated extremities of the nerve with curved scissors, at any hazard. On the fifth day, fortunately, the symptoms subsided, and the patient began to take and digest food. Following this, a light attack of erysipelas retarded the healing process, which had just fairly commenced. Having passed successively over the face and scalp, it subsided after eight days. On the sixteenth day, all the ligatures were removed except two; these two proved to be attached to the divided extremities of the nerve before alluded to, and they were withdrawn on the

nineteenth day. Traction upon them, in the interval, gave rise to much pain and numbness in the tongue. Meanwhile, the tongue had experienced interesting phenomena as the result of ligation. The side of the tongue nearest the seat of operation was atrophied and anæmic, as if from ill nutrition. Its power of motion was unimpaired, but the sense of taste and ordinary sensation were obviously affected.

The wound healed kindly, with very little suppuration. It was syringed daily with diluted liquor sodæ chlorinatæ. Tonics and stimulants were administered internally, and the diet was carefully regulated to suit an appetite indifferent from the first. The patient was discharged, nearly well, after seven weeks; the wound having healed, leaving a cicatrix along the edge of the sterno-mastoid muscle, without deformity. Very slight facial paralysis, limited to the lower lip, existed, owing to the unavoidable section of the cervico-facial filaments of the facial nerve. The tongue was recovering its looks and functions, though still insensible on the left side. This peculiar paralysis is hard to explain, as no part of the gustatory division of the fifth pair had been divided, but filaments of the hypoglossal, facial, and perhaps the inferior maxillary division of the trifacial, and possibly terminal fibres of the pneumogastric. The intimate connection of all these nerves by anastomosis "renders them one great battery of allied and inter-dependent nervous action."

—CASE II.—*Euphis of the Upper Jaw; Removal of the Palate Process, Alveolar Processes and one half of the Antrum by Section.* (Operation by Dr. D. W. CHEEVER.)—M. H., aged 38, married. The disease was of ten years' duration. Having commenced along the inside of the alveolar process of the upper jaw, at the edge of the gum, it had slowly developed, until, at entrance, a flattened, oval tumor, of almost cartilaginous hardness, occupied the palate process, from the teeth to the median line. Deglutition and speech were interfered with.

June 2d, 1868.—The diseased mass was removed, with a portion of the upper jaw involved, as follows:—A primary incision was carried from the side of the nose, around the ala, and then downwards through the centre of the upper lip. The flaps were dissected on either side, and the body of the bone exposed. The left central upper incisor was extracted, and incisions were made along the median line of the hard palate, and outward in the line of

the suture with the palate bone. With a small saw, the body of the bone was divided through into the antrum, from the tuberosity forwards. The palate process was cut in the inferior nasal meatus, with large-bladed bone-forceps, and the whole segment being now loosened from its attachments was readily extracted. Two ligatures controlled the bleeding. Silk sutures retained the flaps in position.

With the exception of a slight attack of erysipelas, as a complication, the recovery was satisfactorily rapid. The external wound healed without suppuration. A lotion of diluted liquor sodæ chlorinatæ (one part to five) was used for the cavity of the mouth. The external deformity was hardly noticeable. The patient was discharged, well, in one month from the time of operation. During the whole case, she nursed daily a healthy child, four months old.

CASE III.—*Lithotomy.* (Service of Dr. CHEEVER.)—A. D., male, aged 17, had had all the symptoms of vesical calculus during the preceding two years—pain in the bladder, difficult micturition, with pain referred to glans penis, and running down the thigh, occasional stopping of the stream in urination, hæmaturia, mucous urine, and distress in riding in a wagon without springs. The sound readily detected an irregular stone lying at the posterior part of the bladder; not encysted.

Lithotomy was performed as follows:—The patient having been etherized and placed in position on a table, the bladder was filled with tepid water, and a staff introduced. With a long, narrow, middle-point knife, a puncture was made just outside the perineal centre, the forefinger having been inserted into the rectum as a guide. With the edge of the knife downward, the point was pushed directly onward, without dissection, until it reached the groove of the staff, anteriorly to the prostate. The handle of the staff was now depressed, and, carrying the point of the knife with it, the bladder was punctured through the left lateral lobe of the prostate gland, and the staff withdrawn. This first incision being too small for the extraction of the calculus, the knife was passed in on the finger, and the right lobe of the prostate incised; thus converting the lateral into a bi-lateral operation. The stone was found just behind the prostate; it was very friable, easily breaking under the slightest pressure. It was removed in four pieces, with small calculus forceps; its size, when entire, being that of an English walnut. The bladder was wash-

ed out with warm water through the wound, and an elastic catheter introduced, also through the wound, and retained in the bladder by adhesive straps around the thighs.

Recovery was progressive, and without complication. On the fourth day, the catheter was removed. The wound closed well. On the thirteenth day, the urine began to pass by the urethra, and in five days more the bladder retained its contents readily. In nineteen days after the operation, the perineal wound was closed so that no urine passed through it, and, in thirty-four days, the patient was discharged, well.

FIRST ANNUAL REPORT OF THE OFFICERS OF THE MINNESOTA HOSPITAL FOR THE INSANE, AT ST. PETER. 1867.

THE Trustees first give some information of what was done by the State for the insane previously to 1866, and it appears that some fifty-five patients were sent to the Iowa Hospital, and seven to St. Vincent's Institution, St. Louis, at considerable expense and inconvenience. In 1865, they were notified that no more patients could be sent to Iowa, and a little later that those already there must be removed. On the 2d of March, 1866, the Legislature passed an act for the establishment and location of a hospital for insane in the State of Minnesota, and to provide for the regulation of the same. A Board of Trustees was appointed and authorized to erect, lease or purchase buildings for temporary use, and to remove the patients from Iowa. Fifteen thousand dollars were appropriated for this purpose. By the same act, a committee was appointed to locate the State Hospital. On the first of July, 1866, this committee reported the hospital located at St. Peter; a farm of 210 acres having been purchased by the citizens of that place, and conveyed to the State in fee simple, for the use of the hospital, at a cost of \$7000. The Trustees immediately bought the property known as the "Ewing House," a dilapidated hotel, in the neighborhood, repaired and furnished the buildings to accommodate about forty patients, elected Dr. Samuel E. Shanty, of Utica, N. Y., Medical Superintendent on the 2d of October, and on the 6th of December opened the institution for the reception of patients. The rooms were filled as soon as it was known that the hospital was ready, and the pressure for admittance became so urgent that the Trustees, in February, 1867, asked and obtained an appropriation of \$40,000 to commence the erection of per-

manent buildings. A part of this fund was used for another temporary building to be occupied while the permanent hospital is in process of construction, so great was the demand for immediate accommodations for patients, some of them coming hundreds of miles and demanding admittance.

The plan—for the permanent building—of Samuel Sloan, of Philadelphia, an architect of large experience in similar structures, was accepted, and the central building, and one section on each side, with returns, and having a frontage of 374 feet, are in process of erection. The whole building will be constructed of hammered stone, with broken range and well pointed.

From the report of Dr. Shanty, we learn that he entered on his duties on the 1st of November, 1866; that the first patient was admitted into the temporary buildings Dec. 12th, and that Feb. 5th, the number had reached 48, those having been returned from the State of Iowa. The last of May, the number had increased to 56, crowding the rooms to a dangerous limit, with thirty applications in advance. The new temporary building was then commenced and finished in October, accommodating 50 men patients, which will be pretty fully occupied.

The whole number admitted during the year was 97. From this number 13 were discharged—10 as recovered, 2 died, and 1 eloped, unimproved, leaving 84 in the institution at the end of the year.

It is stated that the proportion of insane to sane, in the State of Minnesota, is not so large as in the older States; but it is predicted that, the State being settled so largely by invalids on account of its supposed favorable climate, as time advances the proportion will rapidly increase as the result of their infirmities becomes manifest in their descendants.

C. K. B.

ADULTERATED SUBNITRATE OF BISMUTH.—

M. Roussin, in a communication to the Society of Pharmacy of Paris, states that he had found 28 per cent. of phosphate of lime in subnitrate of bismuth. The author tests the subnitrate by dissolving 15 grains in a little nitric, or, better, muriatic acid, and adding tartaric acid. If now an excess of solution of caustic potash be added, no precipitate will follow if the salt is pure, but if phosphate of lime is present it is precipitated.—*Jour. de Pharm.*

Reports of Medical Societies.

AMERICAN OPHTHALMOLOGICAL SOCIETY.

THE Fifth Annual Meeting of the American Ophthalmological Society was held at Newport on Tuesday and Wednesday, 21st and 22d inst. In the absence of the President, Dr. Edward Delafield, of New York, Dr. H. W. Williams, of Boston, Vice President, presided. After the reading of the minutes of the last meeting and the appointment of various committees, Dr. G. Hay, of Boston, read an able report on the progress of ophthalmology during the past year. The following papers were read and discussed:—

Report of a case showing Anæsthesia of the Cornea and radiating fibres of the Iris without Intra-ocular Lesion. Dr. J. S. Hildreth, Chicago.

Case of Monocular Mydriasis dependent on Central Lesion. Dr. D. B. St. J. Roosa, New York.

Relative Accommodation. Dr. E. G. Loring, New York.

Astigmatism, with Color Test. Dr. J. Green, St. Louis.

Binocular Vision from Thaumatrope. Dr. B. Joy Jeffries, Boston.

Retinitis in Glucosuria. Dr. H. D. Noyes, New York.

Instrument for illustrating the Laws of Refraction and Accommodation. Dr. B. Murdock, Baltimore.

A Point in the Physiology of Vision. Dr. B. Joy Jeffries, Boston.

Case of laying aside of Spectacles in Old Age. Dr. J. Green, St. Louis.

New Cystotome for Modified Linear Extraction. Dr. G. Hay, Boston.

Modification of Williams's Method of Treatment in Lachrymal Obstruction. Dr. J. Green, St. Louis.

Specimen of Bone Corpuscles from Choroid. Dr. B. Joy Jeffries, Boston.

Inclination of the Vertical Meridian of the Eyeball in the direction of Vision upward and outward. Dr. G. Hay, Boston.

Reports of Cases and Practical Observations in Ophthalmology. Dr. E. Williams, Cincinnati.

Remarks on Operations for Cataract. Dr. H. D. Noyes, New York.

After Treatment of Capital Operations. Dr. C. R. Agnew, New York.

Case of Herpes Zoster Frontalis. Dr. B. Joy Jeffries, Boston.

Tests for Insufficiency of Recti Interni. Dr. E. G. Loring, New York.

VOL. I.—No. 26A

New Series of Test Letters. Dr. J. Green, St. Louis.

An amendment to the By-laws was unanimously adopted, to the effect that no member of the Society should place on his sign or announce in print in any public manner that he gave special attention to diseases of the Eye.

The following officers were elected for the ensuing year:—*President*, Dr. H. W. Williams, Boston. *Vice President*, Dr. C. R. Agnew, New York. *Secretary and Treasurer*, Dr. H. D. Noyes, New York. *Corresponding Secretary*, Dr. H. Althof, New York.

At 6, P.M., Wednesday, the Society adjourned to meet at Newport on the third Wednesday of July, 1869.

A social supper in the evening was enlivened by the presence of the wives of several of the members.

Bibliographical Notices.

The Variation of Animals and Plants under Domestication. By CHARLES DARWIN, M.A., F.R.S., &c. With a Preface by Prof. ASA GRAY. Two Vols. 8vo. Pp. 494, 568. N. York: Orange Judd & Co.

THESE very interesting volumes we do not feel competent to review critically. Starting with the principle of Natural Selection, we pass gradually to the so-called Darwinian theory. Whatever difference of opinion there may be among naturalists as to the truth of Mr. Darwin's views, there can be none in according to the very interesting account he has here given of the gradual changes which care, cultivation, breeding, and selection, cause in plants and animals, high praise as a useful work.

It is fully endorsed by Prof. Asa Gray as a valuable treatise for agriculturists and for breeders.

Not all of us perhaps can appreciate the height of flower-fancy in Holland, where a new tulip was worth a fortune, nor the enthusiasm of the pigeon fancier, who exclaims, in referring to a favorite breed, "If it were possible for noblemen and gentlemen to know the amazing amount of solace and pleasure derived from the Almond Tumblers, when they begin to understand their properties, I should think that scarce any nobleman or gentleman would be without their aviaries of Almond Tumblers."

Medical and Surgical Journal.

BOSTON: THURSDAY, JULY 30, 1868.

CARNEY HOSPITAL.

WE have been favored by one of the Medical Staff with the following account of the history and objects of this Institution:

In January, 1863, the late Andrew Carney, at the solicitation of Sister Anne Alexis, of the Camden Street Asylum, bought the estate of the deceased J. C. Howe. It is situated near the head of Broadway, at South Boston, on the south western slope of "Dorchester Heights." It is an admirable site for a large hospital, commanding as it does a fine view of the city and country, and being well drained. The old mansion house was repaired under Mr. Carney's care and at his expense, and given to the Sisters, and it was opened as a hospital June 1st, 1863, under the following rules, viz.: "That it should be forever used by the Sisters of Charity as a hospital, where the sick, without distinction of creed, color or nation, should be received and cared for; and that no patient within its walls be deprived of his or her minister."

From that time, and under such principles, it has quietly worked, until July 13th, 1868, when the new wing of the larger hospital, which was erected according to the designs of the founder, was opened. Five hundred and fifteen patients have been received and treated during this time.

On the opening of this wing the Sisters deemed it advisable to have a full staff of Physicians and Surgeons. Accordingly they appointed the following persons:

Consulting Physicians.—Henry I. Bowditch, M.D. (President of the Board); Charles G. Putnam, M.D.; M. K. Hartnett, M.D.

Consulting Surgeons.—Winslow Lewis, M.D.; D. McB. Thaxter, M.D.; Horatio R. Storer, M.D.

Attending Physicians.—Hugh Ferguson, M.D.; F. I. Knight, M.D.; S. G. Webber, M.D.

Attending Surgeons.—P. A. O'Connell, M.D.; F. B. Greenough, M.D.; S. W. Langmaid, M.D.

The out-patients will be for the present cared for by the Attending Physicians and Surgeons.

There are some few peculiarities in the management of this hospital which we deem

worthy of notice by the profession and by the public.

1st. The Sisters have the supreme control of all its arrangements, subject to the rules of their superiors at Emmetsburg. They will, however, receive the recommendations of the whole Board, of which they will nominate the President, who, with the Secretary chosen by the Board, will constitute an advisory committee with whom the Sisters will feel at liberty to consult whenever they may see fit so to do.

2d. The Consulting Board, instead of being a merely honorary body as in most hospitals, will have a joint action with the Attending Board in the nomination to the Sisters of candidates to fill all vacancies in the Board and in the medical offices, and in suggesting the general rules for the management of the Hospital.

3d. The attending staff will have full control of the patients in the wards, and of all in private rooms except those admitted under the first rule.

4th. The members of the Consulting Board will have the privilege of attending patients in the private rooms, and of charging for attendance as they would charge residents at a hotel.

5th. All regular physicians who are members of the Suffolk District Medical Society, will have the same privilege, after obtaining a written recommendation from one of the Consulting Board, and a permit from the Sisters—provided that no Physician or Surgeon, whether a member of the Board or a practitioner in the city, shall have more than one patient in the hospital at the same time.

These last provisions will doubtless commend themselves to the approbation of the medical profession of Suffolk County. They are in full accordance with the truly catholic and liberal principles manifested by the founder. The Sisters will reserve the right of taking away this permission in case, after a trial of one year, it be found impossible to carry out the plan with entire success.

WE have been furnished by Dr. Jones with an advance sheet from the *Richmond and Louisville Medical Journal*, describing the following monstrosity.

ACCOUNT OF THE FOUR-LEGGED CHILD, J. MYRTLE CORBAN. *Nashville, Tenn.*, June 16, 1868.—The undersigned, in response to the request of a number of physicians and the relatives and friends of the unfortunate subject of this investigation, give the fol-

lowing testimony:—The infant, J. Myrtle Corban, has four legs and two distinct external female organs of generation, with two external openings of the urethra and two external openings of the double rectum. The external genito-urinary organs are as distinct as if they belonged to two separate human beings. The fæces and urine are passed (most generally simultaneously, particularly the urine,) from both external urinary and intestinal openings, situated respectively between the left and right pairs of legs.

The head and trunk are those of a living, well-developed, healthy, active infant of about five weeks, whilst the lower portion of the body is divided into the members of two distinct individuals, near the junction of the spinal column with the *os sacrum*. As far as our examination could be prosecuted in the living child, we are led to the belief that the lower portion of the spinal column is divided or cleft, and that there are *two pelvic arches supporting the four limbs*, which are situated upon the same plane.

Photographs of this infant have been made by the advice and under the supervision of one of our number.

The reality in this case surpasses expectation, and we are of the opinion that this interesting *living monstrosity* exceeds in its curious manifestation of the powers of nature in abnormal productions, the celebrated "Siamese Twins."

JOSEPH JONES, M.D.,

Prof. of Phys. and Path., U. of Nashville.

PAUL F. EVE, M.D.,

Prof. of Surgery, University of Nashville.

Further remarks by Profs. Jones and Eve.

Josephine Myrtle is the third offspring of W. H. and Nancy Corban, aged twenty-five and thirty-four, the wife being the senior by nine years. They are so much alike in appearance, having red hair, blue eyes and very fair complexion, as to produce the impression of their being blood kin, which, however, is not the case. Mrs. Corban is from North Alabama, had borne one child to a former husband, the child having dark coloring, and resembling mostly the father, who had black hair and eyes. Her three children are all girls; the one already alluded to, now six years old, another three, and this *infant monstrosity*, now to be more minutely described, born the 12th of May, 1868, in Lincoln county, Tennessee, five weeks ago.

Mr. Corban is a Georgian, served in the Confederate army through the war, and was severely wounded in the right arm and left hand. The parents are in fair health,

though the mother is *anæmic*. She recollects no fright or disturbance during her last pregnancy. The presentation was fortunately the head, which accounts for the preservation of the life of the child. It would be curious to speculate on the trouble which might have been produced had the feet or breech presented, while the result, in all probability, would have proved fatal to the infant, and possibly to the mother. Mrs. Corban says that there was nothing peculiar in the labor or delivery. When three weeks old the child weighed ten pounds. It now nurses healthily, is thriving well, and we saw it urinate simultaneously, between the *two pairs of labia of the two vaginæ*, situated about six inches apart. From the crown of the head to the *umbilicus* the child measures twelve inches, and from this point to the toes of the right and left external feet, eleven inches. From the *umbilicus* up, all is natural and well-formed; all below this, extraordinary and unnatural. An inch below the navel is a mark of an apparent failure for a second one. There are four distinct, pretty well developed, lower extremities. They exist in pairs on both sides of the median line which resembles the cleft of an ordinary pair of legs; but here there are no marks whatever of *anus* or *genital* organs, and upon pressure we discover no *os coccygis* or *sacrum*. The outer legs of both sides are the most natural of the four (though the foot of the right one is clubbed), but are widely separated by the two supernumerary ones, which are less developed, except at their junction with the body, from which they taper to the feet and toes more diminutive and which are turned inwards. One toe is bifid on the left extra inward extremity. At birth these extra legs were folded flat upon the abdomen. We are led to believe that there are *two uteri as well as two recti*; in fact that the pelvic organs are double. Of course a minute dissection would alone expose the true condition of these parts.

Should this infant reach maturity and the internal generative organs be double, there is nothing to prevent conception on both sides. The first difficulty will, however, be in her walking. The outer, or external legs, may be used for progression; the inner or inturned ones, probably never. These might be successfully amputated at the knee, or higher up.

One of us recollects of being in London, in January, 1830, at an exhibition of the Siamese Twins, when Sir Astley Cooper gave an opinion adverse to an operation with a view to separate them, but which

has always appeared to us feasible and without much risk of *peritonitis*; an operation, too, which should undoubtedly be performed in case of the death of one of them, for no medical man believes in the vulgar impression that they must die simultaneously. In the present case all surgical interference is, of course, out of the question, except that alluded to—removal of the extra legs.

Cases somewhat similar to the above have occurred and have been described. Rokitsky refers to two completely distinct bodies conjoined at their *essa sacra* or *coccyges*, as in the well-known Hungarian sisters, Helena and Judith, born in 1701, who survived their twenty-second year.

Geoffrey St. Hilaire, alludes to cases of a trunk with two heads, some even Janus-like, having four upper and four lower extremities.

The case, however, recalled most vividly by Josephine Myrtle, is that of Rita-Christina, well known in Europe, and accurately described in this country years ago by Prof. Meigs. In this wonderful instance, there were two heads, two necks, four arms, but only two legs; and was thus the reverse of our case. From the *umbilicus* down, there was one well-formed child, but above this all the organs were double; in reality there existed two beings. The *rectum* and bladder were common to both, but all else in the trunk was double and distinct. One would sleep while the other played, &c., for they had *two spinal marrows, two brains, two hearts*, but the last two occupied a common *pericardium*. Unfortunately, after surviving a little over a year, one sickened and died, when the other, then in health, instantly expired.

Rita and Christina were born in Sardinia, 1829, and described by Dr. De Michaelis, Professor of Surgery in the Royal University of Sassari, and lived eighteen months.

The late Prof. J. C. Warren, of Boston, first described the Siamese twins brothers, when purchased of their mother by Capt. Coffin and Mr. Hunter (joint owners), and brought to that city, in 1829.

CARBOLIC ACID. *Mr. Editor*,—In your JOURNAL of July 2d, 1868, p. 342, second paragraph of the page, are some points offered as general information in connection with the use of carbohc acid in this country, which need correction.

The Chief Medical Purveyor and Surgeon-General of the Army were familiar with the published uses and effects of the so-called

carbohc acid (tar alcohol) at an early period of its application to medical uses, and imported it for use in the Army long before it was made in this country; and Dr. Squibb had nothing whatever to do with it until the coal tar distillers around New York produced an article which would answer the purposes of the imported preparation. He was then simply directed to procure it and put it up for Army use, and did so, but never prepared it nor called it by his name—nor sanctioned the use of his name in connection with it, nor with any other medicinal agent.

Very respectfully yours,

E. R. SQUIBB.

Brooklyn, N. Y., July 23, 1868.

EXPERIMENTS SHOWING THE OCCURRENCE OF VEGETABLE ORGANISMS IN THE HUMAN BLOOD. BY JOSEPH G. RICHARDSON, M.D., UNION SPRINGS, CAYUGA COUNTY, N. Y.—In the course of my examinations of nearly one thousand specimens of human blood during the past year, I have, in a large proportion of cases, met with the molecular substance denominated by Prof. Salisbury "*zymolosis translucens*." In severe cases of rheumatism and neuralgia I have found long strings of these transparent granules, and occasionally homogeneous filaments; in the blood of patients afflicted with some other diseases, and of individuals enjoying comparative health, these particles were single, or adherent in rows of two to five or more, such rows often showing a tendency to become branched. They are doubtless identical with the so-called "globulins" of Donné (*Cours de Microscopie*, p. 85, Paris, 1844), and the "molecular substance" of Griffith and Henfy (*Micrographic Dictionary*, 2d edition, p. 92, London, 1860). But, in addition to them, I was at first surprised to find, in a few instances, that the blood contained in almost every field numerous minute, rounded particles, much more distinct than those above mentioned; not, like them, fading rapidly from view; having an active rotary or erratic motion, and strongly resembling the primary stage of certain infusoria, as seen in solutions of decomposing animal matter. They appeared in cases where the pulse was feeble and intermittent, the blood anæmic, and the powers of life at a low ebb; and diminished in number under tonic treatment, especially the administration of tincture of chloride of iron. It occurred to me that by this property of independent movement we might be able to recognize the existence of independent or-

ganisms within the blood, and thus obtain a strong presumptive evidence in favor of Prof. Salisbury's novel theories concerning the vegetable origin of disease; and in order to test the correctness of this surmise the following investigation was undertaken:—

Expt. 1. A drop of blood drawn from my own arm was placed upon a slide, and a minute portion of water, which had been standing four days upon some fragments of beef, and which, examined a few minutes before, exhibited multitudes of vibriones, was mixed with it, and the whole covered with a thin glass. Upon adjusting it under the microscope, the vibriones were found to be moving, some rapidly, some slowly, and some only as borne by the currents among the blood-corpuscles, apparently unaffected by the change of world which they had undergone. By arranging a filament of thread from the reservoir upon the growing slide, so as to supply the loss of fluid by evaporation, I was able to watch their progress, at short intervals, for about nine hours, which was, as far as I could judge, uninterrupted, towards the formation of vibratile filaments resembling the early stages of development in the so-called *Leptothrix Buccalis* found so abundantly in the tartar on the teeth. One particular filament, which was carefully watched, and of which drawings were made from time to time, whose movement, when first observed, was very active and constant, grew from a length of about $\frac{1}{100}$ th of an inch to that of about the $\frac{1}{100}$ th of an inch in eight hours, to that of about $\frac{1}{50}$ th of an inch in seventeen hours; and at the end of twenty three hours, when the experiment was interrupted, had attained a length of about $\frac{1}{25}$ th of an inch. The process of development seemed to be accompanied with a disposition to bend sharply at intervals of perhaps $\frac{1}{100}$ th of an inch, and shoot forth from the salient angle a branch equal in size to the parent trunk. As the organism increased in length, its movement diminished in rapidity, until towards the close of the experiment it nearly or quite ceased; its breadth continued the same throughout, and appeared to be about $\frac{1}{200}$ th of an inch.

According to the conclusions of Prof. J. Wyman, in his paper on the existence of living organisms in heated water,* neither vibrios nor bacteriums appeared (in water containing beef-juice) if the boiling was prolonged beyond the period of five hours;

and the Professor quotes Pasteur* to the effect that the spores of some kinds of cryptogams (even those most salamander like, he appears to mean) perish at a dry heat of 266° F., so that the slides and covers used in the following experiment, being, after thorough cleansing, burnt off in the flame of an alcohol lamp, may probably be considered free from any such impurity.

Expt. 2. Jan. 6, 1868, at 8½, P.M., two hours after a slight supper, I drank a fluid-ounce of water, which, having stood upon some fragments of beef for two days, contained, as counted under the microscope, on an average (the mean of ten enumerations) about 14 vibriones and bacteria to each square $\frac{1}{100}$ th of an inch; a drop (or minim) being spread out under a thin glass one inch square, so that the f3j, included, in round numbers, 7,000,000,000 of living organisms. This compound, although sufficiently repugnant to the palate, had no nauseating effect upon the stomach beyond that fairly attributable to mental disgust, and probably possessed no higher aroma than a professed gourmand used to enjoy in the saddle of venison which had garnished his larder until it acquired the true game flavor. Half an hour after the imbibition of the mixture, a drop of blood drawn from my arm, and examined on a slide simply wiped clean, showed, on rigid scrutiny during another half hour, but a single moving molecule. At 9½, P.M., a glass and cover, heated far beyond the limit above given as compatible with organic life, and scrupulously protected from exposure to deposits from the atmosphere, were used for the examination of another drop of blood, in which four molecules in active motion, precisely resembling that of infusoria seen in Expt. 1st, were visible. A drop drawn at 10, P.M., and examined between a glass and cover prepared with the same precautions, exhibited six specimens of moving bodies; while in a drop drawn at 10½, P.M., only two were detected during a careful search of half an hour's duration.

Expt. 3. At 7, P.M., Jan. 7, 1868, four hours after dinner, I swallowed four fluid-ounces of water which had been standing some seventy hours upon fragments of beef, and which, according to the data of experiment 2d, contained at least 27,000,000,000 living organisms. As this test was intended to be as far as possible a crucial one, at 8 o'clock I prepared a slide and cover in the following manner: after washing them tho-

* Amer. Jour. of the Med. Sciences, p. 283, Jan., 1868.

* Am. Jour. Sc. and Arts, p. 164, from Ann. de Sci. Nat., t. xvi. p. 81, 1861.

roughly and drying them on a clean cotton cloth I applied a drop of strong hydrochloric acid to the middle of the slide and laid upon it the glass cover, taking care that by suitable pressure the acid was evenly distributed between the surfaces; raising the cover after about a minute I held it by means of forceps in the flame of an alcohol lamp until all the acid was volatilized, and then placed it carefully under a small bell glass—the slide itself was similarly treated, and when both were quite cool a drop of blood (obtained from an incision made through integument painted with tr. ferri chlor.) was touched to the slide, which was quickly transferred beneath the bell glass applied to the glass cover, and the whole reversed and placed upon the microscope stage. The lenses being adjusted, I found the blood remarkably full of moving particles precisely resembling to my eye specimens of vibrio bacillus; these were so abundant that I counted twelve in about as many minutes, and at one time three were visible in the same field. At a quarter before nine another drop of blood drawn from a new incision near the last was examined between a slide and cover prepared exactly as the previous one, and with the same result, except that the revolving particles were fewer in number, only four being observed whose motion was unmistakable. At half past nine another drop from the second incision re-opened was examined between a slide and cover that had been simply heated without the application of acid, and on careful scrutiny for about half an hour only revealed three moving molecules. In examining for these I found a satisfactory method, after discovering one which changed its place under the lowest eye piece, was to put on that containing the cobweb micrometer, by which at least mistakes proceeding from oscillation of the head or vibration of the instrument were readily corrected.

But such investigations being made with only a one-eighth inch objective, and the lowest eye-piece of a Powell and Lealand's instrument, could not furnish positive proof that these moving particles were not merely inorganic matter undergoing molecular movement, or that if organized they were not the primary constituents or disintegrating residuum of white blood-corpuscles, and I therefore obtained from Mr. Wm. Wales an "Immersion" lens, having nominally but one-twenty-fifth inch focal length, for the purpose of verifying and extending my conclusions. This glass affords a power of about eleven hundred diameters with very clear definition, and after some pre-

liminary study of the organisms in decomposing beef-juice, I made with its aid the following researches:—

Expt. 4. At 7.45, P.M., May 17, 1868, I drank four fluidounces of water similar to that employed in the preceding investigations, and containing multitudes of bacteria. At a quarter past eight I examined a drop of blood drawn with a cataract needle from the tip of my finger, and confined between a slide and cover cleaned with strong hydrochloric acid as above described; under the field of the one-twenty-fifth inch glass, the interspaces between the rows of blood corpuscles were found to contain multitudes of apparently spherical molecules in rapid and erratic motion—but so very minute as to readily escape notice even with this high power, except under the closest scrutiny; in the course of half an hour not less than one hundred were observed. At 9, P.M., another drop of blood examined with the same precautions exhibited, in addition to these minute particles, other bodies less active in their movements, of much greater magnitude, and which, under an amplification of eleven hundred diameters, appeared precisely similar to the bacteria I had been studying a few hours before in the identical decomposing beef-juice imbibed. Five of them were thus enlarged sufficiently to exhibit an unmistakable organized structure totally different from their associated aggregations of Beale's "germinal matter." (Plate XXVII. Fig. 208, *Microscope in Practical Medicine*.) Three of these bacteria were each about $\frac{1}{12500}$ of an inch in length and $\frac{1}{25000}$ of an inch in width, very distinctly constricted in the middle; a fourth was obviously composed of four, and a fifth of six joints, arranged in a straight line, whose motion was of that peculiar waving character so universal among the Oscillatoriaceæ. The last two were most clearly visible when they happened to lie vertically to the surface of the glass, and would probably escape observation under the one-eighth inch, except in that position, and be therefore mistaken for simple globular bodies, although in several cases I detected in the second and third experiments a shadowy elongation of one diameter in the revolving molecules then observed.

In view of the statement of M. Davaine to the French Academy of Medicine (*Medical News and Library*, vol. xxvi. p. 28), asserting a close connection between the appearance of bacteria in the blood and the occurrence of carbuncular disease, it is worthy of remark that neither at, nor subsequent to, either of the three occasions in

which I thus impregnated my blood with infusoria, were there any symptoms of carbunculous or other inflammatory malady. The only disturbances of the economy observed were headache, furred tongue, dryness of the throat, and slight diarrhoea, which all passed off in a day or two, the offending organisms being apparently soon eliminated by the various outlets for effete or noxious materials; even these deviations from health may have been accidents, the results of other causes.

Although I am well aware that the plans adopted do not preclude the possibility of error through the introduction of living organisms into the blood after it has left the walls of its vessels, yet I think most candid inquirers will admit that the fact that an increased number of moving particles were visible after an increased dose of vibriones (contained in the draught above mentioned *whose swarming population exceeded more than twenty times the sum total of every man, woman and child who walks upon our earth*), and at the same time in spite of increased precautions which the most stubborn sceptic must acknowledge would have a tendency to diminish the chances of deception, goes far to prove that multitudes, probably millions, of infusoria, thus entering the stomach, find their way into the blood in a few hours, and, retaining their independent vitality, circulate with that vital fluid through the minutest ramifications of the arteries, and penetrate to every portion of the human system. And if this be true, how strong becomes the presumption that there are other plants more deleterious in their growth or more poisonous in their nature, which also thrive under certain circumstances within the blood, and each constitute the essence, the real *contagium*, of some so-called zymotic disease, as, for example, diphtheria and scarlet fever, smallpox and measles, as declared long ago by Prof. Salisbury, of Cleveland, and recently by Prof. Hallier, of Jena.

ACTION OF THE NERVES ON INTESTINAL SECRETION.—There are many physiologists who consider that increased intestinal secretion is the consequence of diminished rather than of enhanced nervous action. The problem is one of high scientific interest, and, as in the case of cholera, of grave pathological importance. An experiment of a crucial character, which has recently been attempted by M. Moreau, deserves, therefore, to be recorded. M. Moreau selected for his inquiry a dog, the intestine of which he had

previously ascertained to be absolutely empty, and he then proceeded as follows: "Having chloroformed the animal, he made an incision in the abdominal wall along the linea alba, and, moving aside the epiploon, he drew out a fold of intestine, and divided it, by means of four ligatures of caoutchouc, into three separate constrictions. He next carefully divided the nerves proceeding to the middle fold, and then he replaced the gut and brought the edges of the abdominal wound together. The dog was killed several hours subsequently and carefully examined. Of the three artificial compartments of the intestine, the middle one, which had been deprived of nervous influence, was found filled with liquid matter; the other two were dilated and completely dry! Further research has, M. Moreau alleges, fully borne out these results, and the experiment has been performed before the Société de Biologie with equally conclusive results. It must not be forgotten that in all experiments in vivisection there are numerous and unavoidable sources of error which render induction a difficult and hardly satisfactory process. So far, however, as M. Moreau's inquiries go, they indicate a law by no means antagonistic to the inferences derived from clinical experience, and they certainly throw light on one of the most serious and assuredly not the least obscure points in the pathology of the alimentary canal.—*Med. Times & Gazette*.

SALIVARY CALCULUS.—Dr. Post showed, at a recent meeting of the New York Pathological Society, a specimen of salivary calculus taken from Wharton's duct, which had the peculiarity of being nearly tubular.—*Medical Record*.

JEFFERSON MEDICAL COLLEGE AT PHILADELPHIA.—We learn that the vacancy created in this institution by the resignation and retirement of the venerable Prof. Dunglison, has been filled by the appointment of Dr. J. Aitken Meigs to the chair of Institutes of Medicine.—*Cincinnati Lancet and Observer*.

THE University of Naples has been closed on account of hostile demonstrations by the students against Prof. Luca.

ACCORDING to some of the Paris Journals, the Minister for Public Instruction has proposed a dinner to the Professors of the Faculty who have been most severely treated by the ultra-clerical party.

Selections and Medical Items.

"A NEW LUTE FOR THE LABORATORY."—A scientific journal contains a paragraph under this heading which we cannot altogether understand, for it alludes to zinc-white, fine sand, and other things not usually employed in the manufacture of musical instruments. However, as the laboratory is to have a lute, we are only too happy, as lovers of science, to present a song for the lute :—

Oh! come where the Cyanides silently flow,
And the Carburets droop o'er the Oxides below;
Where the rays of Potassium lie white on the hill,

And the song of the Silicate never is still.

Come, oh, come!

Tumti, tum, tum!

Peroxide of soda, and urani-um!

While alcohol's liquid at thirty degrees,
And no chemical change can affect manganese;
While alkalis flourish, and acids are free,
My heart shall be constant, sweet science, to thee!

Yes, to thee!

Fiddledum dee!

Zinc, borax, and bismuth, and HO+C.

—London Fun.

TO PRESERVE STEEL GOODS FROM RUSTING.—The simplest way of preventing the oxydation of polished iron and steel goods is to dust them over with quick lime. Where articles are required to be preserved for many months (such as polished steel grates), strips of paper freely covered with powdered lime are to be wrapped around the bars; or they may be placed in cases, and interstices filled up with quicklime. Piano-forte wire and small goods are preserved in the same way. The rationale of the method is this—steel will not oxidize in dry air. The presence of quicklime, from its hygrometric properties, secures dry air, and thus indirectly the lime preserves steel from rust. This is not a new plan, but it is the method adopted by the majority of the Birmingham houses.—*Journal of Applied Chemistry.*

MEANS OF RENDERING ANIMAL FAT INODOROUS AND WHOLESOME.—According to Prof. Hirzel, animal fats may be preserved in a good condition during a year without their contracting a bad odor, by mixing the recently melted fat, for example, 7 kilogrammes (144 lbs.), with 20 grams. (5 drachms) of table salt and 15 grains of alum in powder, and heating till a scum is formed on the surface, composed of coagulated albumen, membranes, &c. The scum is separated, and the fat becomes clear and transparent. When it is cool, it is washed by malaxation many times with water, till the salt is removed. It is then held in a state of fusion, at a temperature sufficient to evaporate all the water without injuring the fat.—*Bulletin de la Société de Phar. de Bruxelles.*

ON ROSANILIN AS A REAGENT FOR FREE FATTY ACIDS. By Dr. F. JACOBSEN.—The author finds that rosanilin is insoluble in neutral fatty oils, but is at once colored pale red, more or less deep, if the oil is rancid, or has any free oily acid

present, and if very rancid, as deep as gooseberry juice. The fuchsin of commerce (muriate, arseniate, &c., of rosanilin) dissolves in neither neutral or rancid oils, or fat acids. Oleic acid and all the fatty acids dissolve rosanilin immediately in great quantity, and are deeply colored. The oleate of rosanilin dissolves in all proportions in the oils and neutral fats. The rosanilin, for this reason, can be employed to detect free acid in mixtures of oils.—*Jour. de Chim. Méd., from Neues Jahr. für Pharm.*

At the recent Commencement of the Long Island College Hospital, New York, the degree of M.D. was conferred on twenty-six graduates.

MEDICAL DIARY OF THE WEEK.

MONDAY, 9, A.M., Massachusetts General Hospital, Med. Clinic; 10, A.M., Medical Lecture. 9, A.M., City Hospital, Ophthalmic Clinic.

TUESDAY, 9, A.M., City Hospital, Medical Clinic; 10, A.M., Medical Lecture. 9 to 11, A.M., Boston Dispensary. 10-11, A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, 10 A.M., Massachusetts General Hospital Surgical Visit. 11 A.M., OPERATIONS.

THURSDAY, 11 A.M., Massachusetts General Hospital Clinical Surgical Lecture.

FRIDAY, 9, A.M., City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., OPERATIONS. 9 to 11, A.M., Boston Dispensary.

SATURDAY, 10, A.M., Massachusetts General Hospital Surgical Visit; 11, A.M., OPERATIONS.

NOTICE.—Part LVII. of Braithwaite's Retrospect was mailed from this office on the 30th inst. (to-day) to the members of the Massachusetts Medical Society who have paid their assessments for the year 1868-69. Members who have paid and do not find the book at their post office, are requested to forward their vouchers to the Librarian, care of David Clapp & Son, Medical and Surgical Journal Office, 334 Washington St., Boston.

Retired Members of the Society wishing the publications of said Society, are by By-law required to notify the Librarian as above, personally or by writing, once after the Annual Meeting.

TO CORRESPONDENTS.—Communications accepted :—On Ossification of the Spleen—On Their—Abstract of Report of Commission of Mass. Med. Society to the International Medical Congress.

BOOKS RECEIVED.—On Diseases of the Skin: A System of Cutaneous Medicine. By Erasmus Wilson, F.R.S. Seventh American from the Sixth English Edition. With twenty plates. 8vo. Pp. 795. Philadelphia: Henry C. Lea. 1868.—The Indigestions. By Thomas King Chambers. Second American from the Second London Edition. 8vo. Pp. 315.—Ueber Keloid. Von Dr. J. Collins Warren, aus Boston.

DEATHS IN BOSTON for the week ending Saturday noon, July 25th, 123. Males, 66—Females, 57.—Accident, 11—anaemia, 1—Inflammation of the bowels, 3—congestion of the brain, 3—disease of the brain, 2—Inflammation of the brain, 1—bronchitis, 2—cholera infantum, 33—cholera morbus, 1—consumption, 11—convulsions, 4—cyanosis, 1—debility, 2—diarrhoea, 6—dropsy, 1—dropsy of the brain, 4—drowned, 1—dysentery, 8—epilepsy, 1—scarlet fever, 1—typhoid fever, 1—disease of the heart, 2—disease of the hip-joint, 1—disease of the kidneys, 1—congestion of the lungs, 3—Inflammation of the lungs, 3—measles, 2—old age, 2—paralysis, 2—peritonitis, 1—premature birth, 1—smallpox, 1—stricture, 1—stomatitis, 1—ulcer of stomach, 1—unknown, 3.

Under 5 years of age, 75—between 5 and 20 years, 15—between 20 and 40 years, 15—between 40 and 60 years, 11—above 60 years, 7. Born in the United States, 102—Ireland, 15—other places, 6.

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BOYLSTON MEDICAL PRIZE QUESTIONS.—The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following Physicians:

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J. B. S. JACKSON, M.D.	HENRY J. BIGELOW, M.D.
	RICHARD M. HODGES, M.D.

At the annual meeting of the Committee on the first Wednesday in June, 1868, it was announced that no dissertation had been presented on either of the questions proposed.

The following questions are proposed for 1869:

1. Food in Disease, acute and chronic; its variety, advantages, dangers, and relation to appetite.
2. The Surgical Treatment of Hemorrhoids, and the Surgical Treatment of Fistula in Ano, with its result.

The author of the best Dissertation on either of the subjects proposed for 1869, will be entitled to a premium of one hundred and fifty dollars.

Dissertations on these subjects must be transmitted, post-paid, to John Jeffries, M.D., on or before the first Wednesday in April, 1869.

The following are the questions proposed for 1870:

1. The modern Pathology of Tumors.
2. Aphasia, or the relation of the Brain to Speech.

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday in April, 1870.

The author of the best dissertation considered worthy of a prize, on either of the subjects proposed for 1870, will be entitled to a premium of two hundred dollars.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within which shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

The writer of each dissertation is expected to transmit his communication to the President, John Jeffries, M.D., in a legible handwriting, within the time specified.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish annually the following votes:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.

2d. That in case of publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

HENRY J. BIGELOW, Sec'y.

Publishers of Newspapers and Medical Journals throughout the country are respectfully requested to notice the above.

Jy16—Steew

TWO PHYSICIANS.—Prof. HORATIO R. STORER will deliver his fourth private course of twelve lectures on the TREATMENT OF THE SURGICAL DISEASES OF WOMEN, during the first fortnight of December, with illustrative operative instruction at the Franciscan Hospital for Women, under his charge.

Fee \$50, and Diploma required to be shown. Certificates of attendance upon the previous courses have now been issued to twenty-nine gentlemen in different parts of the country.

Hotel Pelham, Boston, June, 1868. Jell—tf.

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Boston, June 25, 1868.

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CUTTER RETREAT FOR NERVOUS INVALIDS, PEPPERELL, MS.—DR. JAMES S. N. HOWE, for many years associated with the late Dr. CUTTER, still continues in charge of this Establishment. He can receive into his family a few additional patients, and will devote himself specially to their care and comfort.

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DR. JOHN P. ORDWAY, No. 42 Bedford Street, Boston, has relinquished general practice, and will hereafter devote his special attention to the treatment of "Fistula," "Piles," and "Lung Diseases." My14—1y

S. J. McDOUGALL, M.D., DENTIST—Gives particular attention to the construction of Plates for "Cleft Palates," by which patients are able, in most cases, to articulate perfectly. Office 18 Boylston Street, Boston, Mass. Jell—2m*

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